

Personal e-mail ID

Telephone number

+	9	4								
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Mobile number

+	9	4								
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Permanent address Same as Supplementary Residence address

City _____ District _____

Name of employer/Name of business (If self employed)

Designation and department _____

Sec 5 Value Added Services

You will automatically be subscribed to our Electronic Banking Services, You may use these Electronic Banking Services after activation. Please check the relevant boxes below

- Do not wish - Online Banking
- Do not wish - Phone Banking
- Do not wish - SMS Alerts
- Do not wish - Electronic Statements

Declaration

I/We state that the above details are true and accurate and given in support of my/our application to. Standard Chartered Bank, Sri Lanka for a Credit Card account, subject to the Credit Card terms and Conditions I/We hereby confirm that I/we have received, have been explained and understood the Terms & Conditions applicable to Credit Cards and also am/are in possession of a copy of same and agree to be bound by the same.

I/We authorize Standard. Chartered Bank to debit my/our Credit Card Account with the charges and fees in respect of this card account and will be liable jointly and severally for all charges and fees to the Primary and Supplementary Cards issued on my request. If Standard Chartered considers it as relevant for the purpose of assessing this application, I/We authorize Standard Chartered Bank to obtain a report about my/our commercial activities or commercial credit worthiness from a business/institute which provides this information. I/We understand this information may be used to assess my/our application for credit and/or my/our credit worthiness, to assist me/us to, avoid default and to notify other credit providers of my/our default. I/We also authorize Standard Chartered Bank to make enquiries about the information included on my/our application from any other source. By signing below I/we request that the card "account be opened for me/us and to renew and replace it until I/we surrender my/our rights to use the card by cutting the card and returning it to Standard Chartered Bank.

As defined under exchange control laws, I/we undertake to use

my/our International Electronic Funds. Transfer Card/Credit Card/Debit Card(s) abroad and solely within the limit authorized by Standard Chartered Bank and, that it will not be used to purchase goods in commercial quantities and for capital transactions.

Central Bank of Sri Lanka

Declaration by the Applicant/s for Electronic Funds Transfer Cards

To: Director - Department of Foreign Exchange

(To be filled by the Applicant's to obtain foreign exchange against Credit/ Debit or any other Electronic Fund Transfer Card)

I/We.....

.....

(Basic Cardholder / Supplementary Cardholder),

.....

(Basic Cardholder / Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct.

I/We hereby confirm that I/We am/are aware of the conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) which has also been explained by the Bank, subject to which the card may be used for transactions in foreign exchange and I/We hereby undertake to abide by the said conditions.

I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card issued to me/us as Standard Chartered Bank may require for the purpose of the Act.

I/We am/are aware that the Authorized Dealer (bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on EFTC issued to me/us and report the matter to the Director-Department of Foreign Exchange.

I/We also affirm that I/We undertake to surrender the Credit Card/s to Standard Chartered Bank, if I/We migrate or leave Sri Lanka for employment abroad, as applicable.

Date (DD/MM/YYYY)

Signature of Primary Cardholder

Signature of Supplementary Cardholder

I, as the Authorized Officer have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bone-fide of these information and documents. I undertake to exercise due diligence on the transactions carried out by the cardholder on his/her EFTC in foreign exchange and suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in Violation of the undertaking and to bring the matter to the notice of the Director-Department of Foreign Exchange.

Date (DD/MM/YYYY)

Signature of the Authorized Officer

Acknowledgement

I/We hereby acknowledge that, excluding information which are to be mandatorily filled by me/us, the Bank/Referrer staff has filled in this application form on my request and based on the information provided by me/us and that the information provided herein is true and accurate. I/We acknowledge and agree that the Bank or any of its representatives is not responsible for any liability arising out of incorrect/untrue information provided in this application.

Signature of applicant/joint applicants

.....

I..... hereby certify I have seen and verified the original of the client identification document(s) and other related verification documents submitted with this application on (insert date, time, location), and confirm that the copies thereof attached herewith are true copies of the same.

Signature of the Authorized Officer

FOR BANK USE ONLY

Referred by:

Name _____

Code/Employee No _____

Special recommendation

Manager's signature

Place Stamp Here

Documentation Required

If Salaried:

- Copy of identification (National Identity Card/DL).
- Certified salary slip or letter from employer confirming salary breakdown.
- Proof of variable income for last 3 Months.
- Proof of any other fixed allowance.
- Billing Proof.

If Self Employed:

- Copy of identification (National Identity Card).
- Letter from auditor confirming annual income for the last 2 years.
- Business Registration Certificate.
- Bank Statements of the previous 6 months(company and personal).

Credit Card Application



Life is more joyous, when you and your loved ones are rewarded.

Enjoy great savings everyday with one card.



sc.com/lk

Here for good

* Terms & Conditions apply
Standard Chartered Bank is a licensed Commercial Bank supervised by the Central Bank of Sri Lanka and is rated AAA (Ika) by Fitch Ratings Lanka Ltd.

A Standard Chartered Credit Card is all you require to step into a world of privilege. From fine dining to high fashion, home furnishing to luxury travel, we are committed to providing you nothing but the best offers to suit your lifestyle.

(Please fill in block capital letters)

Sec 1 Please tell us about yourself (Primary applicant)

Salutation / Title Mr Mrs Ms Other _____

Male Female

Full Name - As per identification document submitted

First Name _____

Middle Name _____

Last Name _____

Name to be embossed on the card

Date of birth / /

Type of identity document

Passport Driving license NIC Others _____

ID number _____

Mother's maiden name _____

Are you an existing customer

Yes (If your particulars have not changed please provide your ID Number and proceed to Section 2)

Nationality

Sri Lankan Other (Please specify) _____

Marital Status Married Single Other _____

Number of dependants _____

Education status

Up to higher secondary Graduate Post graduate

Diploma Professional Others _____

Residence type (Ownership of residence)

Self owned Rented Company provided

Paying guest accommodation or hostel Others _____

Duration of stay in current residence _____ Months _____ Years

Residence Address

E-mail ID (Mandatory) These fields must be filled by the Applicant

Mobile number _____

Signature _____

Residence phone number _____

Permanent address Same as Residence Address

Preferred address for communication Residence Permanent Office

Sec 2 Your employment details

Occupation Salaried Self employed

Other (If other please specify) _____

Annual income Rs. _____ (P.A.)

Nature of business

Government Medical Professional Services

Import/Exports Hotel Shipping/Freight FWD

Garments Insurance Banking/Finance

Information Technology Other (Please specify) _____

Name of employer/Name of business(If self employed)

Designation and department _____

Date of Joining (Current Organization) / /

Office address(Individual) /Registered office(For business)

Office phone number _____

Extension number _____

Previous employer / business (If duration with current employer/in current business is less than one year)

Designation and department _____

Address of previous employer / business

Length of service _____

Your Spouse Contact Information

Spouse Name _____

Spouse Mobile No. _____

Referral Details - Relative or Friend not living with you

Name _____

Tel No. (O) _____ (H) _____

Mobile _____

Relationship _____

Permanent address _____

Sec 3 Which type of Credit Card would you like to apply for

Type of Credit Card

Visa Signature SriLankan Airlines Visa Platinum

Visa Platinum Privilege Arpico Privilege Platinum

Master Platinum Arpico Privilege Gold

Visa Gold Other

(Please insert your existing FlySmiles/Arpico Privilege number if applicable)

Yes I would like to have my Standard Chartered Bank account automatically debited each month for my Credit Card Payment

Yes Account Number _____

Minimum amount due Total billed amount

Preferred address for Card delivery Residence Permanent Office

Sec 4 Would you like to offer a Supplementary Credit Card

Yes No If NO go to Section 5

Existing Standard Chartered Bank Card Number

Relationship with applicant _____

Salutation/Title Mr Mrs Ms Other _____

Male Female

Full name

First name _____

Middle name _____

Last name _____

Name to be embossed on the card

Date of birth / /

Nationality

Sri Lankan Other (Please specify) _____

Type of identity document

Passport Driving License NIC Others _____

ID document number _____

Mother's maiden Name _____

Preferred credit Limit _____

Residence and Permanent address same as Primary applicant

If different please fill the below

Residence Address _____

