

CREDIT CARD APPLICATION FORM



The Manager
Commercial Bank of Ceylon PLC

YOUR CHOICE

Mastercard VISA Mastercard Chip & Pin

YOUR PERSONAL INFORMATION

Mr. Mrs. Miss. Dr. Others (Specify):

Full name (as in NIC):

Name on Card : (Please include surname - 19 characters including spaces)

Male Female Date of birth :

NIC No : Passport No :
(Please attach copies)

Educational/Professional qualifications:

Marital status : Single Married Others (Specify): Nationality :

No. of dependants : Mother's maiden name :
(For identification and security reasons)

Details of Residence

Home address :

 Phone No. (Home) :
Phone No. (Mobile) :

* I wish to obtain free SMS alerts to my above mobile Yes No

LET'S GO GREEN. SAVE PAPER

As a standard practice you will receive your statement as a secured e-statement.



E-mail

If you wish to receive a printed statement too via post please mark

Duration at above address: Years: Months: Owner (in your name) Rented Monthly rentals Rs:

Living with parents Mortgaged Company

Mailing address*

 Phone No. :

*Note: All correspondence and the PIN will be mailed to the above address.

DETAILS OF A RELATIVE

(Please note: Relative mentioned below should not be living with you and he/she will be contacted by the Card Centre during the verification process.)

Name :

Relationship :

Home address :
 Phone No. (Home) :

Office name and address :

 Phone No. (Office) :

YOUR EMPLOYMENT

Employment status : Salaried Self-employed

Employer/Name of business :

Employer/ business address :

Phone No. (Office) :

Designation :

Length of service : Years : Months :

No. of years the company has been in business : Years : Months :

No. of employees in company :

Nature of business :

If your current job is less than six months

Name of previous employer :

Phone No. (Office) :

Length of service : Years : Months :

Nature of business :

For self-employed applicants only

Capital invested :

Annual turnover :

YOUR MONTHLY INCOME

Monthly basic salary Rs : Fixed allowances Rs : Other income Rs :

Source(s) of other income(s) :

Income tax file number :

YOUR FINANCES AND INVESTMENTS

Monthly living expenses Rs :

Your other Credit Cards

Bank Name	Card Number	Limit	Card Since	Expiry

Your Bank(s) *(Please indicate the banks where you hold accounts)*

Bank Name	Branch	A/C No.	A/C Type	A/C Since
COMBANK				

Your Loan(s) *(Please indicate your loans)*

Permanent / Temporary Overdraft: Bank:

Limit Rs. A/C No :

Loan Type	Bank	Monthly Instalment	Balance Outstanding

Your Assets : *(Please indicate the market value of each)*

Fixed/Call Deposits : Shares : Properties :

Do you have a vehicle? Yes No

If yes, Own Leased Office Vehicle No :

Type : Car Van Motorcycle Other

Club membership (s) :

YOUR SPOUSE

Full name :

Nationality : NIC No :

Employer Name & Address :
 Phone No. :

Designation : Annual income :

Nature of business :

SUPPLEMENTARY CARD

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an **immediate family member** and be at least 18 years old.

Mr. Mrs. Miss. Dr. Others (Specify) :

Full name (as in NIC) :

Name on Card : (Please include surname - 19 characters including spaces)

Male Female Date of birth :

NIC No : Passport No :
 (Please attach copies)

Nationality : Relationship : Mother's maiden name :

Home address :
 Phone No. (Home) :
 Phone No. (Mobile) :

CARD DELIVERY AND PAYMENT DATE

Please deliver my/our card(s) to branch/collection from Card Centre. Select **one** convenient monthly **payment date**.

5th 10th 15th 20th 25th 31st

SPECIAL BENEFITS FOR COMMERCIAL BANK ACCOUNTHOLDERS

Do you wish to settle card bills on the due date automatically by debiting your account at Commercial Bank? Yes No

Settlement Account No : **(Important) Settlement of** 5% * 100% **Others (Specify):** %

**Interest will not be charged to your card account on 100% settlement on or before the due date (In case of joint accounts the consent of all parties to be given in writing.)*

OTHER BANK CREDIT CARD BALANCE TRANSFER

Do you wish to transfer your other bank credit card balances to your COMBANK Credit Card Yes No

Account Name : (Name on Card)

Amount to transfer : Other Bank Name :

Other Bank Credit Card Number : Expiry Date :

Period 03/06/09/12/18/24 months Amount Rs. (approx.)

Please attach a copy of the latest Credit Card statement or a balance confirmation letter

DECLARATION

This declaration is made to Commercial Bank.

By signing below I/we ask that an account be opened for me/us and Credit Card(s) be issued. I/We further request that you renew and replace it/them until I/we surrender my/our right to use the Card(s) by cutting the Card(s) in 4 pieces and returning all pieces to you. I/We authorise my/our bankers or any other sources to release any information to you or your representatives that you may require from time to time without reference to me/us. I agree to accept and be bound by the terms and conditions of the Combank International Cardholder Agreement issued by Commercial Bank of Ceylon PLC and further agree that my card may only be used subject to the terms and conditions of the said agreement, a copy of which will be sent to me/us with my/our Credit Card(s) on approval of this application. I/We hereby agree to accept any changed, amended, revised and/or newly introduced terms and conditions by the Commercial Bank of Ceylon PLC from time to time in future, relating to Credit Card(s) and/or Supplementary Credit Cards. I/We am/are aware that deposits or transfers to my credit card account or temporary limit increases will not increase my cash advance limit. I/We am/are aware that certain ATM machine/bank/counter restrictions may apply to usage of my credit card in Sri Lanka and overseas. I/We am/are aware that the Bank may change my corresponding address if delivery cannot be made to my preference. I/We accept that Credit Cards will be issued at the sole discretion of the bank. I/We accept that the Bank is entitled to communicate to customers by way of Post cards, fax transmission, e-mails and telegrams. I/We agree

11. How much does it cost to obtain the card?

A Silver/Classic Card has a one-off joining fee of Rs.1,000/- and annual fee of Rs.1,500/-. A Gold Card has a one-off joining fee of Rs.1,250/- and annual fee of Rs.2,500/- and a Platinum Card has a one-off joining fee of Rs.1,500/- and annual fee of Rs.3,500/-.

12. Can a family member use my Credit Card?

No, but you can give a Supplementary Card to any of your family members, who is 18 years of age. This is issued for an annual fee of Rs.1,000/- per card for Silver/Classic Cards and Rs.1,000/- per card for Gold Cards and Rs 1,500/- per card for Platinum Cards. You can share your permanent limit or have a reduced sub-limit for the Supplementary Cardholder.

13. Can I take cash from the card?

Yes, you can take cash from the Credit Card. You can obtain a 'Cash Advance' from your Credit Card by withdrawing from any of our ATMs and other Banks' ATMs, that display "Cirrus" or "PLUS" logos in Sri Lanka or overseas. Cash advance is subject to a cash advance fee of 3.5% or minimum of Rs. 200/- and limited to a maximum of 75% of your permanent credit limit for Silver/Classic/Gold/Platinum Credit Cards.

14. Do I get any other benefits?

We have many discounts available to you as a COMBANK Cardholder. There are discounts from leading hotels islandwide, leading retailers in electrical goods, furniture, household goods, books, jewellery etc. These discounts are available to you throughout the year and therefore you can take advantage of them whenever you want. We will send you the discount brochures periodically.

15. How long does it take to have the card after I hand over the application?

If you have submitted all the necessary documents together with your duly-filled application, we would get in touch with you within the next 5 working days.

Please note: All charges and fees are subject to change by the Bank.

FOR BANK USE ONLY

Introduced by :	<input type="text"/>	Emp. No :	<input type="text"/>
Department / Branch :	<input type="text"/>	Emp. No :	<input type="text"/>
CRIB clearance :	<input type="text"/>		
Lien confirmation :	<input type="text"/>	System checked :	<input type="text"/>
		Audit Checked :	<input type="text"/>

AUTHORISED OFFICER'S DECLARATION

I have carefully examined the information together with relevant documents submitted by and satisfied myself that the said information and documents are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the Cardholder on his/her EFTC in foreign exchange and to 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 given by the Cardholder and to bring the matter to the notice of the Controller of Exchange.

<input type="text"/>	<input type="text"/>
Signature of the Authorised Officer	Date

Recommended limit : Rs.	<input type="text"/>	Officer code :	<input type="text"/>
Recommended/Approved/Declined :	<input type="text"/>	Branch Mgr :	<input type="text"/>
Approved/Declined :	<input type="text"/>		

Remarks