Supplementary Card									
Yes No									
Please issue a Supplementary Card to t (Supplementary Card Applicant must b 18 years or above.)				and m	nust k	oe of	:		
Title: Mr Mrs Ms	Dr I	Prof							
Full Name as per NIC									
									Н
Name to be appeared on Supplen	nentary Card	(Maximu	m 19 c	charact	ers in	nclud	ding	spac	:es)
Gender Male Female									
Date of Birth D D M M	YYY	Υ							
Identification Type NIC	Passport	 Drivin	g Lice	ence					
NIC Number									
Passport Number									
(Please attach a clear copy of ider	ntification doc	ument)	١						
Resident Visa Expiry Date	MM	Y	Y	Y					
Nationality Sri Lankan	Other								
Relationship Spouse	Child	Parent							
Residential Address									
		+		+					
Residential Phone No	ı	Mobile	No						
Email Address									
For Official Use Only									
Verified by	Name				Signature				
Recommended Limit	Limit			Signature					

Verified by	Name	Signature
Recommended Limit	Limit	Signature
Approved Limit	Limit	Signature

Declaration

This declaration is made to the LOLC Finance PLC. By signing below; I/We request that an account(s) will be opened for me/us and MasterCard Credit Card/s will be issued as I/we request and that you renew and replace them until I/we surrender my/our right to use the Card(s) by cutting the Credit Card into 4 pieces and returning all pieces to you. I/We authorize 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/We agree that my/our Credit Card(s) may be only used subject to the terms and conditions of the Credit Cardholders' Agreement, ATM and account terms and conditions issued by LOLC Finance PLC and I/we further agree to accept and be bound by the terms and conditions of the Credit Cardholders' Agreement issued by LOLC Finance PLC a copy of which will be sent to me/us with my/our Credit Card(s), on approval of this application. I/we specifically agree that I/we shall not use the MasterCard Credit Card(s) issued to me /us and shall return the said Card properly destroyed as aforesaid in the event of any of the terms and conditions in the Credit Cardholders' Agreement being unacceptable to me/us. I/We agree to be liable jointly and severally for all charges to the Basic/Principal Card issued on my/our request. I/We hereby accept any changed, amended, revised and / or newly introduced terms and conditions by LOLC Finance PLC from time to time in future, relating to Credit Card. I/We agree that the usage of the Card signifies acceptance of all the terms and conditions governing the use of the Card. I/We agree that my/our Cash Advance Limit will be not more than 50% of my/our permanent credit limit.

I am/We are aware that deposits or transfers to my/our Credit Card account or temporary limit increasment will not increase my/our Cash Advance Limit. I am/We are aware that certain ATM machines/bank/counter restrictions may apply to usage of my/our Credit Card(s) in Sri Lanka and overseas.

I am/We are aware that the company may change my correspondence address, if delivery cannot be made to my/our preference. I/We further authorize the company to share my/our personal information with MasterCard for marketing and operational matters. I/We further authorize the company to report any default by me/us to any credit information bureau or similar organization in Sri Lanka and/or abroad. I/We hereby warrant that the above information given in the application is true and correct. I/We accept that Credit Cards will be issued at the sole discretion of the company.

I/We hereby confirm that copies of the terms and conditions of LOLC Finance PLC applicable to the product(s)/service(s) which I/we have applied for from the company with details relevant to such product(s)/service(s) were given and explained to me/us before the signing hereof and I/we have read and understood the details, terms and conditions therein contained and agree and consent to be bound thereby.

I/We have read and understood the above declaration.

DD.MM.YY	Signature of the Primary Cardholder
DD.MM.YY	Signature of the Supplementary Cardholder

Central Bank of Sri Lanka

o: The Controller of Exchange
/We(Primary Cardholder/Supplementary Cardholder) declare that all details given above by me/us on this form are true nd correct.
We hereby confirm that I am/we are aware of the conditions imposed under the extraordinary Gazette No: 950/40 of 20th January 2016 subject to which the card may be used for ransactions in foreign exchange and I/we hereby undertake to abide by the said onditions.
We further agree to provide any information on transactions carried out by ne/us in foreign exchange on the Card issued to me/us as LOLC Finance PLC nay require for the purpose of Exchange Control Act.
We also affirm that I/we undertake to surrender the Credit Card/s to LOLC inance PLC if I/we migrate or leave Sri Lanka for employment abroad.
am/We are aware that the Authorized Dealer is required to suspend availability if foreign exchange on ETFC if reasonable grounds exist to suspect that nauthorized foreign exchange transactions are being carried out on the EFTC such that is sued to me/us.
DD.MM.YY Signature of the Primary Cardholder
DD.MM.YY Signature of the Supplementary Cardholder
eclaration by Authorized Officer of LOLC Finance PLC.
(Name of the Officer)
internal policies of the Company. The Company undertakes to exercise due have a company to the transactions carried out by the Cardholder on his/her EFTC in coreign exchange and to suspend the availability of foreign exchange on the EFTC, if reasonable grounds exist to suspect that unauthorized foreign exchange ransactions 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.
DD.MM.YY Signature of the Authorized Officer



FUEL THE GOODNESS IN YOU

Credit Card Application





President Pres	All fields highlighted in Blue are mandatory to complete	Contact Details	For Self-employed / Other Applicants	Reference details of a relative not living with you / Guarantor
Second Harder Green Color Colo		Permanent Residential Phone Number	Director Partner	Referee Guarantor
Part Control Color		Land Phone Ownership Own Other		
Post	Account Manager Account Manager	Office Phone Number Ext		
Procedured for Company Control	Are you an existing customer of LOLC?	Mobile		
Personal processor Personal	Yes No		Individual Retired	
Personal Contractors Personal	If yes, choose the company LOFC LOMC CLC BRAC	Email Pre-paid Post-paid	Landed Proprietor Student	
Secretarior			Proprietor	l Identification document)
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Natural Business Health Conserved France of Manager Transport	Personal Information		Let iguit of business	Residential Phone No Mobile No
Affair	Title: Mr Mrs Ms Dr Prof	Occupation Type Salaried Self Employed Other Income Categories	For Self-Employed Applicants Only	
Particione Par	Full Name as per NIC (Please underline your First Name and Surname)		Monthly Avarage Turnovar from Business /os in Bs	
April Mean Services Mean S		Artist Hotel & Tourism Passenger Transport		
Africance Part Pa	Name to be appeared on Primary Card (Maximum 19 characters including spaces)	Agriculture Hiring Plantations		
Appeal Poportizend Seed Estate Seed State Seed		Airline Health Services/Supplies Public Services	Monthly Total Income Rs.	Referee Guarantor
Gender Médie Fernale	Date of Birth DD MM YYYY	Apparel Import/Export Real Estate	(Please attach a copy of BR and Income proof)	
Nationally Siturion Other	Gender Male Female	Armed Services/ Police Information Tech Sales and Marketing	For Salaried Applicants Only	Name
Identification Type Nic Passport Driving Licence Construction Live Stock Skil Development Fose Allowances Rs. Monthly Gross Salary Rs. M	Nationality Sri Lankan Other Other			
NC Number	Identification Type NIC Passport Driving Licence			NIC (Please attach a clear copy of
Fleetes attach a clear copy of identification document) Glucation Legal Services Sport - Fineses Monthly Net Salary Rs.				Life in the case of the case o
Passport Number GResident Vise Expiry Date Discommunication Gresident Vi		Education Legal Services Sport - Fitness		Testachida / teates
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Professional Professional Investment Income Property Rental Income Property Rental Income Property Rental Income Professional Investment Income Property Rental Income Professional Status Single Married Widowed Divorced Divorced Professional Average Monthly Living Expenses Rs. Average Monthly Livin			Earnings from Employment Earnings from Business Interest	Employer
Marital Status single Married Wiclowed Divorced Office Address Average Monthly Living Expenses Rs. No. of Dependants Mother's Maiden Name Employer Category Semi-Government MoSO/NPO/Charity Employment Status Permanent Address Permanent Address Permanent Address Permanent Probationary Contract Casual Part time Skilled/Technical Supervisory (Please attach a copy of utility bill dated within the last three months. if differs from the NIC address) Permanent Address Office Address Average Monthly Living Expenses Rs. Card Delivery Options		Employer/ Name of the Business	Investment Income Property Rental Income	
No. of Dependants		Office Address	Average Monthly Living Evponses Ps	
No. of Dependants Mother's Malden Name Mother's Malden Name Private Company Private Company Government Bank Name Branch A/C no. A/C Type Since		For Salaried Applicants		Card Delivery Options
Public Listed Company Private Company Government Statement Delivery Options				Correspondence Address LOFC Branch
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Permanent Probationary Contract Casual Part time Skilled/Technical Supervisory Grade Middle Management/Executive Senior / Corporate Management Province Director / CEO Director / CEO Designation Part time Skilled/Technical Supervisory Grade Middle Management/Executive Senior / Corporate Management Credit Card Settlement Option Please debit my LOFC account monthly in settlement of my Card account as follows; LOFC Account Number C. Your Asset Values C. Your Asset Values Designation Part time Skilled/Technical Supervisory Please debit my LOFC account monthly in settlement of my Card account as follows; LOFC Account Number C. Your Asset Values C. Your Asset Values	Pesidence	Employment Status		
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Please debit my LOFC account monthly in settlement of my Card account as follows; Consultant Province Province Director /CEO Director /CEO Director /CEO Consultant C. Your Asset Values To Account Mumber C. Your Asset Values			Bank/Issuer Name Card Type Card Number Credit Limit Since	Credit Card Settlement Option
(Please attach a copy of utility bill dated within the last three months, if differs from the NIC address) Province Designation Designati				
Province C. Your Asset Values C. Your Asset Values	(Please attach a copy of utility bill dated within the last three months, if differs from the NIC address)			
Designation Designation Fixed/Call Deposits:	Province Province		c. Your Asset Values	Settlement % per month (5% - 100%)
Duration at the permanent address Years Months Value Added Services	Duration at the permanent address Years Months	Designation Designation	Fixed/ Call Deposits:	Value Added Services
Correspondence Address (If it is different from the permanent address) Length of Service M M Y Y Share Value: Property Value: Do you wish to obtain SMS alert facility? YES NO	Correspondence Address (If it is different from the permanent address)		Share Value: Property Value:	Do you wish to obtain SMS alert facility?
If your current job is less than twelve months; Name of the previous employer			Do you have a vehicle? Yes No	Other Services
(Please attach a copy of employed ment confirmation letter) Own Leased/Mortgaged Rented Official			Own Leased/ Mortgaged Rented Official	
Prefered Due Date 10 27		Tel Length of Service M M Y Y	Type: Car SUV/ Cab Motor Cycle Commercial Vehicle	If a Statement Date and /or a Due Date falls on a Holiday, system will consider the next working day as the applicable date.