## For Official Use Only

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 will 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 the 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 subjected 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 Card properly destroyed as aforesaid in the event of any of the terms and conditions in the Credit Cardholders' Agreement is 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 increasement 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 ST 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.

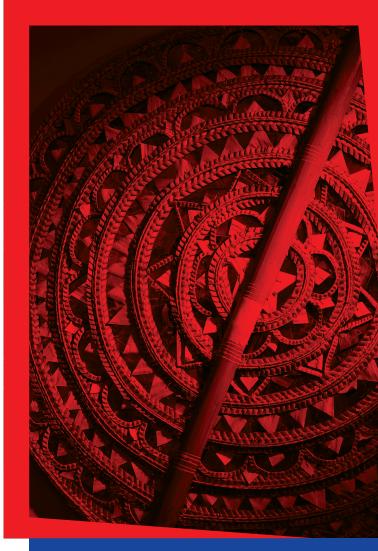
DD.MM.YY	Signature of the Primary Cardholde

### Central Bank of Sri Lanka

To: The Controller of Exchange		
I/We(P Cardholder) declare that all details give true and correct.		
I/We hereby confirm that I am/we are avenue the Exchange Control Act in the Not Gazette No: 1950/40 of 20th January 20 used for transactions in foreign exchange by the said conditions.	tice published in the extraordinary 016 subject to which the card may be	
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 LOLC Finance PLC may require for the purpose of Exchange Control Act.		
I/We also affirm that I/we undertake to Finance PLC if I/we migrate or leave Sri		
I am/we are aware that the Authoriz availability of foreign exchange on En suspect that unauthorized foreign exch out on the EFTC issued to me/us.	TFC if reasonable grounds exist to	
DD.MM.YY	Signature of the Primary Cardholder	

### Declaration by Authorized Officer of LOLC Finance PLC

examined the information together with rel	evant documents submitted by			
(Name/s of the Cardholder/s) and satisfied	myself that the said information			
and documents are in conformity with Exch	ange Control requirements and			
the internal policies of the Company. The Company 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.				
DD.MM.YY Sign	nature of the Authorized Officer			
22	ideals of the Additionized Officer			



# FUEL THE GOODNESS IN YOU





All fields highlighted in Blue are mandatory to complete	Employment Details	Type of Establishment Self-started Inherited
Branch	Occupation Type Salaried Self Employed Other Income Categories	Length of Business MMMYY
Introduced by	Nature of Business	Defended a detaile of a valeting mat living with your / Consumbar
Account Manager	Artist Hotel & Tourism Passenger Transport	Reference details of a relative not living with you / Guarantor
Preferred Language of Communication	Agriculture Hiring Plantations	Referee Guarantor
கேல் English தமிழ்	Airline Health Services/Supplies Public services	Relationship Name
	Apparel Import/Export Real Estate	
Personal Information	Armed Services/ Police Information Tech Sales and Marketing	(Near attack a plant approximation)
Title: Mr Mrs Ms Dr Prof	Cargo Insurance Security Services	NIC (Please attach a clear copy of identification document)
Full Name as per NIC (Please underline your First Name and Surname)	Construction Livestock Skill Development	Residential Address
	Education Legal Services Sport - Fitness	
Nevertheles annual or Diverse Country (1997)	Fisheries Manpower Telecommunication	Residential Phone No Mobile No
Name to be appeared on Primary Card (Maximum 19 Characters Including spaces)	Financial Services Manufacturing Trading	Employer
Date of Birth D D M M Y Y Y Y	Freight FWD./ Shipping Media & Advertising	Office Telephone Number: Ext
	Employer/ Name of the Business	Referee Guarantor
Gender Male Female Female	Office Address	Relationship:
Nationality Sri Lankan Other	Fox Colorinal Applicants	Name
NIC Number	For Salaried Applicants	
Passport Number	Employer Public Listed Company Private Company Government  Category Semi-Government NGO/NPO/Charity	NIC (Please attach a clear copy of identification (occurrent)
(Please attach a clear copy of identification document)		NIC
(Resident Visa Expiry Date)  D  M  Y  Y  Y  Y  Mother's Maiden Name	Employment Status  Permanent Probationary Contract Casual Part-time	
Mother's Maladeri Name	Skilled/Technical Supervisory	Residential Phone No Mobile No
	Skilled/Technical Supervisory  Grade Middle Management/Executive Senior/Corporate Management	
Permanent Address	Director/CEO Consultant	Employer
		Office Telephone Number Ext
	Designation	Card Delivery Options
(Please attach a copy of utility bill dated within the last three months, if it is different from the NIC address)	Length of Service M M Y Y	Correspondence Address LOFC Branch
Province Province	If your current job is less than twelve months;  Name of the previous employer (Please attach a copy of employment confirmation letter)	Statement Delivery Options
Correspondence Address (if it is different from the permanent address)	Tel Length of Service M M Y Y	Physical Statement E-Statement
	For Self-employed / Other Applicants	Credit Card Settlement Option  Please debit my LOFC account monthly in settlement of my Card account as follows;
	Director Partner	LOFC Account Number
Contact Details	Freelance Professional	Settlement % per month (5% - 100%)
Permanent Residential Phone Number  Office Telephone Number	House-wife Part-time	Value Added Services
· LAL	Individual Retired	
Mobile E-mail	Landed Proprietor Student	
E 11011	Proprietor	Other Services
		Preferred Due Date 16 <sup>th</sup> 27 <sup>th</sup> If a Statement Date and /or a Due Date falls on a Holiday, system will consider the next working day as the applicable date.