Central Bank Of Sri Lanka To: The Controller of Exchange I/We(Primary 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 am/we are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No: 1950/40 of 20th January 2016 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 LOLC Finance PLC may require for the purpose of Exchange Control Act. I/We also affirm that I/we undertake to surrender the Credit Card/s to LOLC Finance PLC if I/we migrate or leave Sri Lanka for employment abroad. I am/We are aware that the Authorized Dealer is required to suspend availability of foreign exchange on ETFC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us.

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

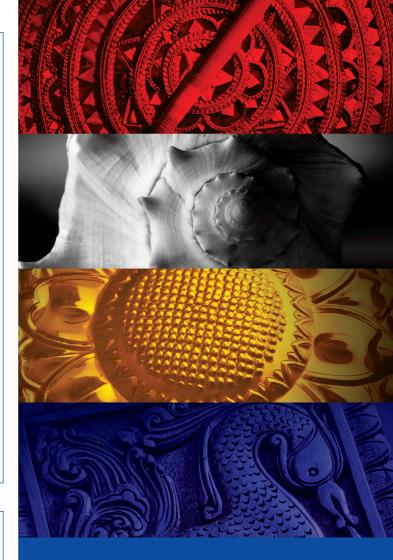
Declaration by Authorized Officer of LOLC Finance PLC

I, (Name of the Officer) have carefully examined information together with relevant documents submitted by

(Name of the Cardholder/s) and satisfied myself that the said information and documents are in conformity with Exchange 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

Signature of the Authorized Officer



FUEL THE GOODNESS IN YOU

Supplementary Credit Card Application





All fields highlighted in Blue are mandatory to complete	Declaration	
Account Manager	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	
Supplementary Card	pieces and returning all pieces to you. I/We authorize my/our bankers or any	
Please issue a Supplementary Card to the person named hereunder. Supplementary Card Applicant must be an immediate family member and must be of 18 years or above.)	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	
Primary Cardholder's Details	the terms and conditions of the Credit Cardholders' Agreement issued by LOLC	
Full Name NIC Number Mobile Number	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	
Supplementary Cardholder's Details	in future, relating to Credit Card. I/We agree that the usage of the Card signifies	
Fitle: Mr Mrs Ms Dr Prof	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.	
Name to be appeared on Supplementary Card (Maximum 19 characters including spaces)	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.	
Gender Male Female Date of Birth DD MM YYYYY dentification Type NIC Passport Driving Licence (Please attach a clear copy of identification document) NIC Number Passport Number Resident Visa Expiry Date DD MM YYYYY	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.	
Nationality Sri Lankan Other	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	
Relationship Spouse Child Parent	explained to me/us before the signing hereof and I/we have read and	
Residential Address	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.	
Residential Phone No		
Mobile No	DD.MM.YY Signature of the Primary Cardholder	
Email Address	DD.MM.YY Signature of the Supplementary Cardholder	
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