Citizens Development Business Finance PLC

CDB V

No. 123, Orabipasha Mawatha, Colombo 10. fel - 0117388388 Fax - 0112429888 E-mail - cdb@cdb.lk

CREDIT CA	RD AP	PLICA	OITA	N		161 -	0117	3003			No - P			a11 -	cubec	.ub.ik						
PLEASE FILL IN BLO	OCK LET	TERS &	USE "	X" SYIV	1BOL	FOR S	ELECT	ION														
Date :		1		1									Cli	ent	Code:							
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Applicant Type:	New (Custor	ner		Ex	istin	g Cus	stome	er [] 9	Staff			С	ard Typ	e :	Secu	ıred		Unsecur	ed [
Product Type:	Stand	ard			G	old] 1	Γitaniι	ım [Pla	tinum		Wor	·ld				
Application Category:	Pre a	pprov	ed		No	orma	I]												
PERSONAL INFO	RMAT	ION																				
Title:	Mr.			Mrs.				Miss	s. []	Dr.		R	Rev.		Oth	er					
Gender:	Male			Fema	ale																	
Name with init	ials																					
Names denote by initials	d																					
Last Name																						
Embossing Nan	ne:																	(Max		19 includ	es witl	h
Religion	Bu	ddhis	t []	Hin	ndu		(Chris	tianit	у [Isla	am		Oth	ner					
Identification Do	etails																					
NIC/ Passport I	No.											Da Bir	te of th			1			1			
If Passport, Expiry Date:		D D	1	М	M	1	Y	Y	Y	Y		Ag	e		D D		М	М		Y Y	Υ	Υ
CONTACT DETAI Permanent Add																						
No.	1622																					
Lane																						
Street																						
City																Locati Code	ion					
Residential Add	ress (If	diffe	rs fr	om pe	erma	anent	t,)															
No.																						
Lane																						
Street																						
City																Locati Code	ion					

2645909326394

BO/EXT/19-02

2645	590932640	00							
Home	Own Resident		Mortgaged	☐ Fa	amily Owned/Spouse	e 🔲 Co	ompany Provid	ed/Quarters	
Ownership:	Rented		Monthly re	nt:			and Months	1	
						in Res	sidence:	,	
Contact Numl	bers								
Landline - Residence					Landline -Of	fice			
Mobile - Personal					Office Extension				
Language Preference	Sinhala	Та	mil 🔲	Englis	h 🗌				
Nationality	Sri Lankan - R	esident	Sri l	ankan - No	on Resident 🔲 Co	untry			
	Sri Lankan wi	th dual cit	izenship	Cou	untry				
	Foreign Natio	nal with d	ual citizenshi	n / resider	nt or employed in Sri	Lanka	П		
	_	nai witi a	dar erazeristii	p / Testaci	Visa Expiry Date	/			
	Country				VISA EXPITY Date	D D	M M Y	Y Y Y	
Educational Level:	Primar	y Level	Seco	ndary Leve	l Diploma Leve	I Gr	aduate 🔲	Professional]
Professional Qualification	:								
Marital Statu	s: Si	ngle	N	1arried	Divorced		No. of	Dependents:	
Mother's Ma	niden Name:								
Employment	Details								
Employment Company Name:	Details								
Company									
Company Name:									
Company Name: Office Addres									
Company Name: Office Addres No.									
Company Name: Office Addres No. Lane							Location Code		
Company Name: Office Addres No. Lane Street City Country	S								
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job		Reside	ential Address		Office Address		Code Length of		
Company Name: Office Addres No. Lane Street City Country Corresponde	S	Reside	ential Address	H	Other		Code Length of		
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job Title/Other: Basic Salary:	S	Reside	ential Address		Other Income:		Code Length of		
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job Title/Other:	S	Reside	ential Address	H	Other		Code Length of		
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job Title/Other: Basic Salary: Fixed Allowances:	s nce Address:	Reside			Other Income: Net Monthly		Code Length of		
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job Title/Other: Basic Salary: Fixed Allowances:	s nce Address:			ncome / B	Other Income: Net Monthly Income:		Code Length of Service:	. Interest Income	
Company Name: Office Addres No. Lane Street City Country Corresponde Position/Job Title/Other: Basic Salary: Fixed Allowances:	nce Address:		Annual	ncome / B	Other Income: Net Monthly Income: Business Turnover:		Code Length of Service:		

Occupation Type:	Salaried		Business		Other							
Employment Status:	Permanent		Probationary		Part time		Contract		Casual	Full	time	
	Unemployed		Student		Retired		Housewife		Self Emplo	yed		
Nature of the Business:										Code		
Other Financial Refer	ences											
Credit Card Details Name of the Issue	er:											
Card Number:							Credit Limit:					
Current/Savings/Fixe	ed Deposits											
Bank Name:												
A/C No.												
A/C No:												
Account Type:								Acco	unt Since			
Statement Instruction	ns											
Paper Statements: Email:	To my	resident	ial address)	Ema	ail: [] (F	Pleases	specify below.)					
										ш		
SMS Alert Required	?: Yes [No 🗌		Billing C	ycle:	15th		Last Day	of the M	lonth	
Auto Debit Facility												
Auto Debit Required	?: Yes [_	No 🗌									
Bank Name:			Branch I	Name:								
Auto Debit Account No:									Auto Debit			%
Supplementary Card	Details								Debit	•		
Supplementary Card		ľ	No 🔲	D	ate of Birth	:	1		1			
, , ,			- Ш				D D	M I		Y Y	Υ	
Title:	Mr	M	ırs 🔲	Mis	ss 🔲	[Or 🗌	Pr	of 🗌	R	ev _	
First Name:												
Middle Name:												
Last Name:												
Embossing Name:												
Relationship with Pri	imary									Code		
Applicant:					NIC	,						
Nationality:					NIC, PP:							
Mother's Maiden Name:												
26459093	Sup 26417 add	plemen ress?	tary card resid	ential	address ide	ntical	to primary ca	rd resid	ential Yes	· 🔲 1	No [

	/ card resident	ial address id	dentical to sup	plementary o	ard permanent a	address?	Yes	☐ No		
If no, Address:										
Mobile:					Home:					
Office:					Fee Code:					
Email:										
Occupation:										
Company Name:										
Company Address:										
District:							eriod of mployme	ent:	M Y Y	Y Y Y
Net Monthly Income:					Annual Income:			IVI	•	
Credit Card Bala	ance Transfer									
Transfer other	bank credit ba	lances to my	credit card?	Yes	No 🔲					
If Yes, Account	number:									
Other Bank Na	me:									
Amount to Tra	nsfer:									

DECLARATION

This declaration is made to Citizens Development Business Finance PLC and governs all CDB credit card(s) (the credit card) issued in Sri Lanka by Citizens Development Business Finance PLC. By signing below; I/we declare that the information given in this application is true and correct. I/We authorize you to confirm the information given in this application from any source you may deem fit. 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 undertake to advice the CDB immediately when information already provided in the credit card application has changed in order that the CDB may hold the most current and updated information in respect of the account at all times. I/We am/are aware that the CDB may change my corresponding address if delivery cannot be made to my preference. I/We request that an account be opened for me/us and credit card(s) issued as I/we request and that you renew and replace it/them until I/we surrender my/our right to use the credit card(s) by cutting the credit card(s) in half through the magnetic strip and returning both halves to you. I/We agree that my/our credit card(s) may be only used subject to the terms and conditions of the credit cardholder agreement, ATM, PIB and other relevant account terms and conditions issued by the CDB and I/we further agree to accept and be bound by the terms and conditions of the credit cardholder agreement issued by the CDB, a copy of which will be sent to me/us with my/our credit card on approval of this application. I/We accept that the usage of the new credit card will be constructed by the CDB as acceptance of the terms and conditions. I/we agree that the credit card will be issued subject to an internal credit verification and limits and usage of any exiting cards. I/We am/are aware that deposits or transfers to my credit card account or temporary limit increases my cash advance limit. I/We agree to be liable jointly and

I/We agree not to use the credit card overseas to purchase goods in commercial quantities and for transfer of capital out of Sri Lanka. 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 affirm that I/we shall surrender the credit card(s) to the CDB and settle all dues in full in the event I/we migrate or leave Sri Lanka for overseas employment. I/We agree that the CDB reserves the right to hold any funds up to the entire credit limit given if necessary.

This declaration is made to the Controller of Exchange, Sri Lanka. I/We declare that all details given by me/us on this form are true and correct and I/we undertake to use my/our International Electronic Fund Transfer Card/Credit Card (s) abroad solely within the limit authorized by the Card issuing Dealer (i.e the CDB) and affirm that the card will only be used overseas for personal expenses such as travel expenses, hotel charges, incidental expenses and purchase of goods for personal use. I/We will not use the credit card for payment in respect of capital transactions, and the purchase or import of goods in commercial quantities. I/Ne will not use the credit card to perform Foreign Currency Transactions on behalf of third parties. I/We undertake to surrender the International Electronic Fund Transfer Card/Credit Card to the relevant issuing Dealer if I/we migrate or leave Sri Lanka for employment abroad.

I/We confirm that the terms and conditions of the credit cardholder agreement issued by the CDB were explained to me/us making this application and that I/we fully understand the provisions contained in the said terms and conditions and am/are aware that such terms and conditions are available on the CDB website - www.cdb.lk and/or a copy of same can be obtained by me/us from any branch office of the CDB.

I/We further agree to accept and be bound by the said terms and conditions a copy of which will be sent to me/us with my/our credit card on approval of this application.

I/We also confirm that the brochure/leaflets and the description/nature of the product/services were received by me/us and was explained to me/us at the time of me/us making this application and that I/we fully understand the details and the nature of the product/services offered herein.

Further I/we have no objection on checking my past credit information through Credit information Bureau of Sri Lanka

The information furnished by me/us in this application form, whether filled by me/us or by any other party of my/our request whether in my/our presence or not, was read and understood by me/us and all/any fields not completed were struck off prior to me/us placing my/our signature.

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				Sec	urity type			26459093	26431	
I hereby authorize CDB Finar iinterest and capital which m				against any su	m of money due	on account of the	credit card f	facility hereby granted t	o me including arre	ars of
Set off my; fixed De	posit						FD	Amount		
Retain vehicle Certif of Registration num			ased / Vehicle moi ase/mortgaged agr		er:					
Balanc	e Exposure					Pre-A	pproved Leas	se Rental:		
Personal Guarantor	- Fill the Guaranto	r Declaration Form								
	Prim	ary card applica	ant				Supple	ementary card app	licant	
	D D	M M Y	Y Y Y			ı	D D	, М М Y	Y Y Y	
Rental Repayment Online Payment: CDB	_	Other Bank Online		Pay & Go	:	Mobile App	Cas	sh Deposit Machine		
Mobile Cash: M-ca	sh \square	Ez-Cash	П	CDB colle	ction account :	Cargill's	П	Peoples	Other	
			CENT	TRAL BANI	OF SRI LAN	IKA			_	
To: Director-Department of F	Foreign Eychange		Declaration by the	Applicant/s fo	r Electronic Fund	Transfer Cards				
(To be filled by the Applicant I/We	-	n exchange against C	redit/Debit or any	other Electror	ic Fund Transfer	Card				
(Primary/Supplementary Care	dholder),									
declare that all details given a									Supplementary Card	
I/We hereby confirm that I/V March 2021 (Annexed) issue	ed under the provis	sions of the Foreign								
hereby undertake to abide by I/ We further agree to provid		on transactions carri		-	_	issued to me/us a	s			
I/ We am/ are aware that the		suspend availability		nge on EFTC if	easonable groun					
in terms of the annexed Dir Exchange.										_
I/ We also affirm that I/ We unotify my/our change in resi				grate or leave Si	i Lanka for perma	anent residence or	employment	t abroad, as applicable.	Further, I/we also a	greea to
	Signature	e of Primary card	Iholder				Signature	e of Secondary car	d holder	
	D D	/ M M Y	Y Y Y			I	/ D D	/ M M Y	Y Y Y	
Branch Use only										
(Name of the officer) have c	arefully examined t	he information toge	ther with the relev	ant document	s submitted by					
(Name of the Card Applicant Exchange Control Requirement			nt in case of a Su	pplementary C	ard) and have sa	itisfied myself tha	t the said in	formation and docum	ents are in conforn	nity with
Introducer name:						Introduce	r code:			
Signature of Branch							В	Branch/Division Code:		
Authorized Officer				D D	/ м м	Y Y Y	Υ			
CRIB Information Verified an	d Processed by									
Name:										
Signature								/	/	
							D	D M M	Y Y Y	Y
Credit Card Number										
Principal:										
Supplementary:										
Issuing Officer										
Name :										

Particulars Of Guarantor And Declaration Statement																		
Personal	Yes		Ge	nder:	Male		NIC / Pass	port:										
Guarantor	No				Female													
Name with initials																		
Names																		
denoted by initials																		
Last Name:																		
Address: Line 1																		
Line 2																		
Line 3																		
Line 4																		
Mailing City:																		
Country									Facil Amo	ity ount:								
Telephone Number:								Date of			1			/				
Occupation								Birth		D D		М	М		Υ	Υ	Y Y	
												В	R No	. .:				
Occupation T	ype:	Self En	nployed		Salari	ed [Othe	. 🗆	Month! Busines									
NAME OF THE	APPL	ICANT FO	OR CRED	IT CAR	D													
of																		
N.I.C No																		
1											undersi	-						
							hatsoever due from y created, I expressly				under 1	the said	d Credit	t Card	and to	perform	n of all C	ard
as first	instance	<u>.</u>					r/Joint Card Holder							Holder	/Joint C	ard Hol	der	
		-					d the Customer sho Law be entitled.	uld be procee	ded against	by action i	n the firs	st insta	nce.					
							e same extent aforen ich may have becom		-						-		tomer.	
costs, cha	rges or c	therwise.			arantee and t			. ,										
Development Busi	ness Fina	ance PLC (Co	mpany) wh			ing/loan	nt and in attached a acility is granted or						ct the					
	0.		of. "Furthe	r I have no	objection on	checking	my past credit infor	mation throug	gh Credit inf	ormation E	Bureau o	f Sri La	nka"					
Signature			eof. "Furthe	r I have no	objection on	checking	my past credit infor	mation throug	gh Credit inf Date:		Bureau o / D		nka" / M	, ,	Y	Y	Y	

ACCOUNT OPENING FORM			
The Manager (Branc	h Name) Savings Account No		
Please open a savings account details provided be Product name:	elow		
Real Deegayu Platinum	Staff Mudharabah	Mudharabah Platinum	Salary +
Pension Other			
Operations instructions:		Suraksha" Insurance Cover:	
Self Joint Either party		Required Yes] No □
Nominee's Details - 1		_	_
Name with Initials			
NIC	Date of Birth	1	
		D D M M	Y Y Y Y
Address			
Relationship			
Nominee's Details - 2			
Name with Initials			
NIC	Date of Birth	1	
		D D M M	Y Y Y Y
Address			
Relationship			
Rules governing the conduct of savings accounts.			
 The Holder/s of savings accounts shall be deemed to have read, underst A Passbook will be issued, if opted for, on which will be recorded all transpromptly. 		amined and any discrepancy brought to the	notice of the institution,
The institution will only be responsible any deposit being acknowledged Accounts which carry less than the stipulated minimum balance, may be	liable for a monthly fee. Account would be closed aut		or this monthly fee.
 Any change in the account holders name or address should be immediated. Interest on daily balance and will be credited monthly at a rate determined. For Mudharabah Accounts; This profit shall be calculated Monthly on the shall be calculated. 	d by the institution.(Condition not applicable for Mu	•	h month or early as
possible. 8. Any loss of the savings passbook should be immediately notified to the			ew savings passbook.
 All messages relevant to your savings account, communicate via post, e- The Citizens Development Business Finance PLC(Hereinafter called as "C and whose accounts been frozen shall not be permitted to make any tra 	DB") shall have discretion to freeze and/or hold the ansactions especially if the affiliated facility and/or fac	account of the Customer without prior notic	
not entitled to demand delivery of the interest and the remaining balance. 11. The holder/s of the savings account authorize and give irrevocable cons respect of the facilities obtained by holder/s from time to time and holder to time and holder to time and holder to time and time time to time and time time time to time and time time time time time time time time	ent to appropriate and /or setoff the money deposited	ĕ	•
in the exercise of any right to setoff or appropriation. 12. On the death, incapacity or bankruptcy of the customer, the CDB is enti	tled to require the production of documentary eviden	ce thereof (such as death certificates, letters	of administration,
probate, relevant court orders or any other relevant document equivaler any person who is designated as executor, administrator or other perso The original of any documentary evidence must, if the CDB so requests,	nal representative of the customer or deceased, and tr	ustee or receiver of assets or any purported	beneficiary of the assets. $\\$
bankruptcy of any account holder shall not bind the CDB until it receive shall be entitled to freeze the account(s) until it receives to its satisfaction. 13. When a nominee is appointed, balance of a deceased account can be trained.	on, the evidence as mentioned above.	nsiders to be reliable. Upon receipt of the re	levant notice, the CDB
I hereby authorize the institute to utilize these information in the event of me. Further you may confirm the information given in the application from	executing savings account /Fixed Deposit / Debit Card	/ I-net Facility / Credit Card/ and other Finan	ce facilities as request by
I /We do hereby confirm that I/we received the tr information furnished above in this application and a	· · · · ·	n in my / our preferred language	and therefore the
මමම අයදු ම්පතේ සහ ඇමනුම්වල අන්තර්ගත කරැණුවල අනුපි කාශකර සිටිමි/සිටිමු,			
இந்த விண்ணப் படிவம் மற்றும் இத்துடன் இணைக்கப்பட்டு விபரங்கள் யாவும் சிியானவை எனவும் உண்மையானவை என		டக்கப் பெற்றது என்பதை உறுதிடடுத்திக்	கொள்வதுடன், இவ்
Signatura	NIC		
Signature 			
2645909326455			

	Mandatory check (For office use only) (Use "X" symbol as appropriate)																
Appl No:	lication					Credit Limit:						DSR	Ratio:				
Cred Ratir	-											Fee	Code:				
VIP f	flag:	Yes		N	0					Add	dress \	/erifica	tion: Y	es 🗌	No		
	omer nent:	Salarie	ed 🗌	Busines	ss 🔲	овс 🗌	Pre Appro	oved(FD)		Pre	Appro	ved (Le	easing)		Pension		
OBC Limi	Credit t:						OBC Isssue	d Date:			/		/				
OBC Stan	Out ding:								D	D	M	I М		Y Y	Y Y		
CRIB Nam																	
Cred	Credit Card Collection Account No:																
1.	Name, Date following.	e of Birth	and Nat	ionality ve	rification:	Го be suppo	rted by one of	the			ocation ace	Code of	Birth				
	National Ide		rd _	_	assport (U		ame change)					Code of					
2.	_	rification		_	_	•	one of the Fol	lowing		Permanent Address 12. Location Code of							
	National Id		_	В	ank Staten	nents							Address	, HRIS Nur	nher		
	Employme	nt contra	ct] L	etter from	a Public Aut	hority			13. 11	chentis	astan	member	, HKIS IVUI	iibei		
	Tenancy Ag	greement	t []	Jtility Bill (S	Specify)											
	Driving Lice	ense] A	ny other id	entification	Document			14. D i	vision (Code					
	Passport] 11	ncome tax	receipt / As	sessment Not	ice		15. If	Joint, S	pecify th	ne relatio	onship cod	le		
(Dh ata	Other (Spe		monto cha		and and costi	finated by the	an man a nu a fficare	as "Original	Coon")		ith Cor ient	e		Wit Clie	h 2 nd		
		stomer a	ppe ars i	n a suspect			company officers	-	seen j	16. Marketing Channel Code							
	Yes		-	If yes (Sp						Recon	nmende	ed Bv		Checked	l Bv		
4.	initial risk so		of the cu	ustomer.	per the risk	c grading rec	eived from th	e		I hereby details	confirm provided	that the a by custon urther he/	ner are				
5.	CRIB verifie		es [-	40 						he signat	ture in my					
6.	Sector Code	•	Т		ΠĪ												
7.	Sub Sector code										Signa	ture			Signature		
8.	Account Typ	oe .								HRIS	8			HRIS			
9.	Account Sul	ь Туре															
Clie	nt Locatio	n (Distri	ct):														
Offi	ce Locatio	n (Distri	ct):														
	rantor Loc trict):	ation															
	2645	0002	264	2.0													