

2645671753329

Home Ownership: Own Resident Rented Mortgaged Monthly rent: Family Owned/Spouse Company Provided/Quarters Years and Months in Residence: /

Contact Numbers

Landline -Residence Landline -Office
Mobile - Personal Office Extension

Language Preference: Sinhala Tamil English

Nationality: Sri Lankan - Resident Sri Lankan - Non Resident Country
Sri Lankan with dual citizenship Country
Foreign National with dual citizenship / resident or employed in Sri Lanka
Country Visa Expiry Date / / / / / / /

Educational Level: Primary Level Secondary Level Diploma Level Graduate Professional
Professional Qualification:
Marital Status: Single Married Divorced No. of Dependents:
Mother's Maiden Name:

Employment Details

Company Name:

Office Address

No.
Lane
Street
City Location Code
Country Length of Service: /

Correspondence Address: Residential Address Office Address

Position/Job Title/Other:

Net Monthly Income: • Other Income: •

Fixed Allowances: • Basic Salary: •

Annual Income / Business Turnover: •

Source of other Income

Earnings from Employment Investment Income Earnings from Business Interests Deposit Interest Income

Former Employer's Name:

Number of years in business : /

Occupation Type: Salaried Business Other _____

Employment Status: Permanent Probationary Part time Contract Casual Full time
 Unemployed Student Retired Housewife Self Employed

Nature of the Business: _____ **Code** _____

Other Financial References

Credit Card Details

Name of the Issuer: _____

Card Number: _____ Credit Limit: _____

Current/Savings/Fixed Deposits

Bank Name: _____

A/C No: _____

Account Type: _____ Account Since _____

Statement Instructions

Paper Statements: (To my residential address) Email: (If Email, Please specify below.)

SMS Alert Required?: Yes No **Billing Cycle:** 15th Last Day of the Month

Auto Debit Facility

Auto Debit Required?: Yes No

Bank Name: _____ Branch Name: _____

Auto Debit Account No: _____ Auto Debit: _____ %

Supplementary Card Details

Supplementary Card Yes No Date of Birth: _____ / _____ / _____
D D M M Y Y Y Y

Title: Mr Mrs Miss Dr Prof Rev

First Name: _____

Middle Name: _____

Last Name: _____

Embossing Name: _____

Relationship with Primary Applicant: _____ **Code** _____

Nationality: _____ **NIC/PP:** _____

Mother's Maiden Name: _____

Supplementary card residential address identical to primary card residential address? Yes No

2645671753336

Supplementary card residential address identical to supplementary card permanent address? Yes No

If no, Address:

Mobile: Home:

Office: Fee Code:

Email:

Occupation:

Company Name:

Company Address:

District: Period of Employment:

Net Monthly Income: Annual Income:

Credit Card Balance Transfer

Transfer other bank credit balances to my credit card? Yes No

If Yes, Account number:

Other Bank Name:

Amount to Transfer:

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 advise 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 by the cardholder, I/we agree that usage of the card signifies acceptance of these 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 will not increase my cash advance limit. I/We agree to be liable jointly and severally for all charges to the principal and additional card(s) issued on my/our request. I/We confirm and agree that I/we am/our responsible for reviewing upon receipt of the card statements or other notifications relating to the card and if I/we fail to do so, the CDB will not be liable to me/us for any losses incurred after the time that such information should have been discovered.

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, medical 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/We 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.

2645671753343

Security type

I hereby authorize CDB Finance PLC, the sole discretion to enforce the below action/s against any sum of money due on account of the credit card facility hereby granted to me including arrears of interest and capital which may fall due from time to time (tick the appropriate)

- Set off my; fixed Deposit Balance
- Set off my; Savings Account Balance
- Retain vehicle Certificate of Registration number Leased / Vehicle mortgaged under
lease/mortgaged agreement number
- Personal Guarantor - Fill the Guarantor Declaration Form

Primary card applicant

/ /

D D M M Y Y Y Y

Supplementary card applicant

/ /

D D M M Y Y Y Y

CENTRAL BANK OF SRI LANKA

Declaration by the Applicant/s for Electronic Fund Transfer Cards (E.F.T.C) To:
The Controller of Exchange

(To be filled by the Applicant/s to obtain foreign exchange against Electronic Fund Transfer Card [E.F.T.C.]

I/We

(Basic Cardholder/Supplementary Cardholder)

I/We

(Basic Cardholder/Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct.

I/We here by confirm that I/we am/are aware if The conditions imposed under the provision of the foreign exchange Act, No 12 of 2017 on electronic fund transfer cards 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 the Citizens Development Business Finance PLC may require for the purpose of Exchange Control Act. I/We also affirm that I/we undertake to surrender the EFTC/s to the Citizens Development Business Finance PLC, if I/we migrate or leave Sri Lanka for employment abroad.

I/We am/are aware that the Authorized Dealer is required to suspend availability of foreign exchange on EFTC if reasonable ground exists to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us.

Signature of Primary card holder

/ /

D D M M Y Y Y Y

Signature of Secondary card holder

/ /

D D M M Y Y Y Y

Branch Use only

I

(Name of the officer) have carefully examined the information together with the relevant documents submitted by

(Name of the Card Applicant and the Supplementary Card Applicant in case of a Supplementary Card) and have satisfied myself that the said information and documents are in conformity with Exchange Control Requirement and the internal policies of CDB.

Introducer name: **Introducer code:**

Signature of Branch Authorized Officer

Branch/Division Code:

CRIB Information Verified and Processed by

Name:

Signature

/ /

D D M M Y Y Y Y

Credit Card Number

Principal:

Supplementary:

Issuing Officer

Name :

HRIS:

Signature

Particulars Of Guarantor And Declaration Statement

Personal Guarantor Yes No Gender: Male Female

Name with initials

Names denoted by initials

Last Name:

Address: Line 1

Line 2

Line 3

Line 4

Mailing City:

Country Facility Amount:

Telephone Number: NIC / Passport:

Occupation BR No.:

Occupation Type: Self Employed Salaried Other Monthly Income/ Business Turnover

NAME OF THE APPLICANT FOR CREDIT CARD

of

N.I.C No

I the undersigned Guarantor hereby jointly and

severally guarantee to CDB the repayment of all monies, interest and other charges whatsoever due from the Card Holder/Joint Card Holder under the said Credit Card and to perform of all Card Holder's/Joint Card Holder's obligation. In order to give effect to the guarantee hereby created, I expressly declare and agree with the CDB;

- a) That the CDB shall be at liberty either in one action to sue the Card Holder/Joint Card Holder and me jointly and severally or to proceed against the Card Holder/Joint Card Holder as first instance.
- b) To renounce the rights to claim that the Guarantor should be excused and the Customer should be proceeded against by action in the first instance.
- c) To renounce all other rights and benefits to which sureties are or may by Law be entitled.
- d) That the Guarantor shall be liable in all respects as principle debtor to the same extent aforementioned including the liability to be sued before recourse is had against the Customer.
- e) That the Guarantor shall bind to pay forthwith on demand all monies which may have become due and payable under the said Credit Card whether by way of debt, interest, costs, charges or otherwise.
- f) That the Guarantee hereby given is a continuing guarantee and the same is irrevocable.

I do hereby declare that the information furnished above in this declaration statement and in attached annexure are true and correct. This declaration statement remains the property of Citizens Development Business Finance PLC (Company) whether the bill discounting/loan facility is granted or not, and the company reserves the right to reject the declaration statement at its sole discretion, without stating reasons thereof. "Further I have no objection on checking my past credit information through Credit information Bureau of Sri Lanka"

Signature

Date: / /

D D M M Y Y Y Y

2645671753367

ACCOUNT OPENING FORM

The Manager (Branch Name) Savings Account No

Please open a savings account details provided below

Product name:

Real Deegayu Platinum Staff savings Mudharabah Mudharabah Platinum Salary +

Operations instructions:

Self Joint Either party

Nominee's Details - 1

Name with Initials

NIC Date of Birth / /
D D M M Y Y Y Y

Address

Relationship

Nominee's Details - 2

Name with Initials

NIC Date of Birth / /
D D M M Y Y Y Y

Address

Relationship

Rules governing the conduct of savings accounts.

1. The Holder/s of savings accounts shall be deemed to have read, understood & be bound by the rules appearing hereunder.
2. A Passbook will be issued, if opted for, on which will be recorded all transactions on this account. The passbook should be examined and any discrepancy brought to the notice of the institution, promptly.
3. The institution will only be responsible any deposit being acknowledged by a validated copy of the Deposit slip or by an entry in the passbook/statement.
4. Accounts which carry less than the stipulated minimum balance, may be liable for a monthly fee. Account would be closed automatically when there is insufficient fund for this monthly fee.
5. Any change in the account holders name or address should be immediately advised to the institution.
6. Interest on daily balance and will be credited monthly at a rate determined by the institution.(Condition not applicable for Mudharabah Accounts.)
7. For Mudharabah Accounts ; This profit shall be calculated Monthly on the basis of average investment Balance and shall be credited to the account in the 15th day of each month or early as possible.
8. Any loss of the savings passbook should be immediately notified to the company, supported by an affidavit. The company reserves the right to charge fee, when issuing new savings passbook.
9. All messages relevant to your savings account, communicate via post, e-mail or SMS. Therefore relevant changes should be notified to the company in writing.
10. The Citizens Development Business Finance PLC(Hereinafter called as "CDB") shall have discretion to freeze and/or hold the account of the Customer without prior notice as and when necessary and whose accounts been frozen shall not be permitted to make any transactions especially if the affiliated facility and/or facilities is/are terminated. Once the Account frozen, the Customer is not entitled to demand delivery of the interest and the remaining balance if any.
11. The holder/s of the savings account authorize and give irrevocable consent to appropriate and /or setoff the money deposited towards the said account against the monies due from holder/in respect of the facilities obtained by holder/s from time to time and holder/s further undertake to hold CDB indemnified and saved harmless from and against all loses damages whatsoever kind in the exercise of any right to setoff or appropriation.
12. On the death, incapacity or bankruptcy of the customer, the CDB is entitled to require the production of documentary evidence thereof (such as death certificates, letters of administration, probate, relevant court orders or any other relevant document equivalent thereof) in form and substance acceptable to the CDB before the CDB permits the withdrawal/disposal/release to or by any person who is designated as executor, administrator or other personal representative of the customer or deceased, and trustee or receiver of assets or any purported beneficiary of the assets. The original of any documentary evidence must, if the CDB so requests, be submitted together with an English translation (Where applicable) acceptable to the CDB.The death, incapacity or bankruptcy of any account holder shall not bind the CDB until it receives written notice of such fact from a source which it considers to be reliable. Upon receipt of the relevant notice, the CDB shall be entitled to freeze the account(s) until it receives to its satisfaction, the evidence as mentioned above.
13. When a nominee is appointed, balance of a deceased account can be transferred to the credit of the nominee.

I hereby authorize the institute to utilize these information in the event of executing savings account /Fixed Deposit / Debit Card / I-net Facility / Credit Card/ and other Finance facilities as request by me. Further you may confirm the information given in the application from any source you may deem it.

I /We do hereby confirm that I/we received the translation copy of this application contain in my / our preferred language and therefore the information furnished above in this application and attached annexure/s are true and accurate.

මෙම අයදුම්පතේ සහ අමතුවල අත්සන් කළ කැණුවල අනුපිටත් මම/අපි ප්‍රියකරන ආකාරයට ම/අප වෙත ලැබූ බවත්, එකී කැණු සහ සහතික බවත් මම/අපි ප්‍රකාශ කර සිටිමි/සිටිමු.

இந்த விண்ணப்ப படிவம் மற்றும் இத்துடன் இணைக்கப்பட்டுள்ள ஏனைய ஆவணங்களின் தமிழ் பிரதி கிடைக்கப் பெற்றது என்பதை உறுதிப்படுத்திக் கொள்வதுடன், இவ் விபரங்கள் யாவும் சரியானவை எனவும் உண்மையானவை எனவும் தெரிவித்துக் கொள்கின்றோம்/ளோம்.

Signature NIC

2645671753374

