

## Debit Card Application Form

First Name	Rev./Mr./Ms.	<input type="text"/>
Last Name		<input type="text"/>
Card Mailing Address		<input type="text"/>
Date of Birth	<input type="text"/>	Identity Card/ Passport No. <input type="text"/>
Mothers Maiden Name		<input type="text"/>
Home Phone No.	<input type="text"/>	Office Phone No. <input type="text"/>
Mobile Phone.	<input type="text"/>	Fax <input type="text"/>
E-mail		<input type="text"/>
Name to be printed on the card <small>(For Bank use only)</small>	<input type="text"/>	(Max 21 characters)
PIN to be collected at:	<input type="text"/>	Branch <input type="text"/>
CARD NO	<input type="text"/>	<input type="text"/>

### Linking Accounts

	Current Account (Including foreign currency accounts)		Saving Account (Including foreign currency accounts)
1	<input type="text"/>	1	<input type="text"/>
2	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	3	<input type="text"/>

Maximum daily limit (if a limit other than Rs. 200,000 is required)	<input type="text"/>
Primary Account No. for Debit Card transactions	<input type="text"/>

I hereby declare that all information given above is true and correct. I confirm that Terms and Conditions governing the issue of the NDB bank VISA DEBIT Card as printed overleaf have been read and understood by me and agree to abide by the said Terms and Conditions and also any amendments, variations and changes thereto which may be effected by the Bank from time to time.

Signature	Date
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### Branch Use Only

Branch	(Please tick (✓))	Operatin instructions	Sole <input type="checkbox"/>	Either to Operate <input type="checkbox"/>
Card Type	Normal <input type="checkbox"/>	Signature / Customer data/ATM/POS verified by	Name _____	
Date & Time Received	PRV <input type="checkbox"/>		Signature _____	
CUSTOMER NO.	<input type="text"/>		Date _____	

### Card Centre Use Only

Customer Data Entry by	Name _____	CARD Data Entry by	Name _____
	Signature _____		Signature _____
	Date _____		Date _____
Customer Data Verified by	Name _____	CARD Data Verified by	Name _____
	Signature _____		Signature _____
	Date _____		Date _____

# CENTRAL BANK OF SRI LANKA

## Declaration by the Applicant/s for Electronic Fund Transfer Cards To: The Controller of Exchange

(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card.)

I/We.....(Basic Cardholder/Supplementary Cardholder),  
..... (Basic 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/We am/are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No.:141/5 of 19th September 2005 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 ..... bank may require for the purpose of Exchange Control Act.

I/We also affirm that I/We undertake to surrender the Debit Card/s to ..... bank, 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 exist to suspect that unauthorized foreign exchange transaction are being carried out on the EFTC issued to me/us.

DD.MM.YY.

Signature of the Basic Cardholder.

Signature of the Supplementary Cardholder

I as the Authorized Officer have carefully examined the Information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents. I undertake 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 and to bring the matter to the notice of the Controller of Exchange.

DD.MM.YY.

Signature of the Authorized Officer