

I have read and understood the declaration and eZ Pay prepaid cardholder Terms and conditions which is specified in the eZ Pay cardholder user guide enclosed in the starter pack.

eZ Pay ආවේණික පෙහෙරවිටි සඳහා eZ Pay කාඩ්හිටත් සහ පෙහෙරවිටි හි විසින් කෙළින් කිරීම් බලා අවබෝධ කර ගනිමි.

நான் அரம்பக்கட்டியுலுல் பிரகந்தையும் eZ Pay அட்டை உரிமையாளரின் விதிகள் மற்றும் நிபந்தனைகளையும் வாசித்து விளங்கிக்கொண்டேன்.

Signature of the eZ Pay Cardholder
eZ Pay කාඩ් පත් හිමියාගේ අත්සන

eZ Pay அட்டை வைத்திருப்பவர் கையொப்பம்

Date
දිනය
திகதி

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(To be included in the EFTC applications or EFTC agreement that the cardholders enter/s into with the bank)

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 obtain foreign exchange against 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: 1411/5 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 EFTC/s to.....bank, 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 exceed to suspect unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us.

Signature of the eZ pay Card Holder
eZ Pay කාඩ් පත් හිමියාගේ අත්සන

eZ Pay அட்டை வைத்திருப்பவர் கையொப்பம்

Date
දිනය
திகதி

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BANK OFFICE USE ONLY

(Name of the officer).....have carefully examined the information together with the relevant documents submitted by..... (Name of the card holder/s) and satisfied myself that the said information and documents are in conformity with exchange control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the card holder 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 card holder and to bring the matter to the notice of the controller of exchange.

Signature of the authorized officer on behalf of the Bank
முதன்மை அட்டை வைத்திருப்பவர் கையொப்பம்

Date
දිනය
திகதி

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TO BE FILLED BY DIALOG TELEKOM AGENT / විදුලිමුද්‍රණ සේවකයා සඳහා පමණි / டயலொக் உபயோகத்திற்கு மட்டும்

Branch කඩවිල திளை		prepared by සකස් කල ஆக்குபவர்	
Code (Optional) සංකේත අංක கட்டெண்			
eZ pay Mobile Number විදුලිමුද්‍රණ අංක டயலொக் தொலைபேசி இல.		checked by පරීක්ෂා කල பரிசீலிப்பவர்	
eZ Pay Prepaid CardCard no eZ Pay කාඩ්පත් අංක eZ Pay அட்டை இல.			
Application Fee Initial Deposit			0 0

**AUTHORIZED
DIALOG
OFFICER**

I, the authorized officer do hereby certify that I have checked the original of the NIC / Passport and verified same.

Name & Signature

Dialog Telekom Seal