

CREDIT CARD APPLICATION

WOMEN'S CREDIT CARD	
OFFICIAL USE ONLY	
Branch	
ME/Agent Code	
TID/Agait code	
• All fields are mandatory	YOUR BUSINESS CARD
No. 438, Havelock Road, Colombo 05	· I
FINANCE Customer Care: 011 7 844 744 Web: www.lolcfinance.com	
■ LANGUAGE PREFERENCE	
සිංතල English தமிழ்	
PERSONAL INFORMATION	
	4 EMPLOYMENT DETAILS
Title Miss Mrs Ms Ms	Occupation Type
Full Name as per NIC (Please underline your First Name and Surname)	Salaried Self Employed Other Income Categories
	Employer / Name of the Business
	Perfective
Preferred Name on Card (Maximum 16 characters including spaces)	Designation
	Office Address
Date of Birth D D M M M Y Y Y Y	
Nationality	Office Phone No
Sri Lankan Other	Monthly Net Income (Rs.)
	Annual Earning Rs.
NIC No. (Please attach a clear copy of your NIC)	Length of Service Y Y M M
Passport No.	
(Applicable only for Non Sri Lankans)	If the current employment is less than 2 years:
Mother's Maiden Name (Mother's surname before marriage)	Previous employment
	(Please attach a copy of employment confirmation lett
Educational Qualifications:	Length of Service Y Y M M
Primary Graduate	CHARANTOR (REFERENCE INCORMATION
Secondary Post-Graduate	5 GUARANTOR / REFEREE INFORMATION
Diploma Professional	Guarantor Referee
	Relationship
Under-Graduate	
▼ ADDRESS + CONTACT DETAILS	Title Mr Miss Mrs Ms
Permanent Address	Name
Fernialient Address	
 	NIC No.
(Please attach a copy of utility bill dated within the last three months, if differs from the NIC address)	(Please attach a clear copy of your NIC)
Province	Residential Address
Mailing Address	
Fidining Address	
	Contact No.
(All your correspondence including the Credit Card will be delivered to this address)	Additional Contact No.
Province	Additional Contact No.
Province	CREDIT CARD SETTLEMENT OPTION
Residential Phone No.	6 CREDIT CARD SETTLEMENT OPTION
Mobile No.	Due Date: First of every month
(For FREE SMS alerts)	Do you wish to settle your credit card bill on the due date automatically
WhatsApp No.	by debiting your LOLC Finance account?
Additional Contact No.	If yes;
Email Address	LOFIN Account No.
	Standing Order % per month (2.5% - 100%)
(I hereby request to send E-statements to this Email address)	

INSURANCE SERVICE

Do you like to subscribe for Insurance service?

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Yes

No

NOMINEE NAME

NOMINEE NIC

Rate Calculation (Annual Premium)

Age	Rs.
18-65 Years (LIFE & TPD)	1.50 (For each thousand)
66-70 Years (LIFE & TPD)	22.00 (For each thousand)

Note: Calculation for the above (Rupee value per thousand *Card Limit/1000)

Life Insurance

TPD (Total Permanent Disability Cover)

FEES



No Annual Fee Membership Fee - Rs. 2,500



CENTRAL BANK OF SRI LANKA

above by me on this form are true and correct

To: The Controller of Exchange ...(Cardholder), declare that all details given

I hereby confirm that I am aware of the conditions imposed under the provision of the Foreign Exchange Act, No 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) subject to which the card may be used for transactions in foreign exchange and I hereby undertake to abide by the said conditions.

I further agree to provide any information on transactions carried out by me in foreign exchange on the card issued to me as LOLC Finance PLC may require for the purpose of Act.

I am aware that the restricted financial institution 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 and to report the matter to the Director-Department of Foreign Exchange.

I also affirm that I undertake to surrender the Credit Card to LOLC Finance PLC, if I migrate or leave Sri Lanka for employment abroad.

SIGNATURE OF THE CARDHOLDER

DD/MM/YYYY

DECLARATION BY AUTHORIZED OFFICER OF LOLC FINANCE PLC.

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 transaction 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 Director-Department of Foreign Exchange.

SIGNATURE OF THE AUTHORIZED OFFICER

DD/MM/YYYY

DECLARATION

This declaration is made to the LOLC Finance PLC.: By signing below, I request that an account be opened for me and a Visa Credit Card issued as I request and that you renew and replace them until I surrender my right to use the Card by cutting the Credit Card into 4 pieces and returning all pieces to you. I authorize my bankers or any sources to release any information to you or representatives that you may require from time to time without reference to me. I agree that my Credit Card may be only used subject to the terms and conditions of the Credit Cardholder Agreement, ATM and account terms and conditions issued by LOLC Finance PLC. I further agree to accept and be bound by the terms and and conditions of the Credit Cardholder Agreement issued by LOLC Finance PLC., a copy of which will be sent to me with my Credit Card, on approval of this application, I specifically agree that I shall not use the Visa Credit Card issued to me and shall return the said card property destroyed as aforesaid in the event of any of the terms and conditions in the Credit Cardholder agreement being unacceptable to me. I agree to be liable jointly and severally for all charges to the Card issued on my request. I hereby accept any changed, amended, revised and/or newly introduced terms and conditions by LOLC Finance PLC from time to time in future, relating to Credit Card. I agree that the usage of the Card signifies acceptance of all the terms and conditions governing the use of the Card. I agree that my Cash Advance Limit will be not more than 50% of my permanent credit limit.

I am aware that deposits or transfers to my Credit Card account or temporary limit increases will not increase my Cash Advance Limit. I am aware that certain ATM machines/bank/counter restrictions may apply to usage of my Credit Card in Sri Lanka and overseas

I am aware that the company may change my correspondence address, if delivery cannot be made to my preference. I further authorize the company to share my personal information with Visa for marketing and operational matters. I further authorize the company to report any default by me to any credit information bureau or similar organization in Sri Lanka and/or abroad. I hereby warrant that the above information given in the application is true and correct. I accept that Credit Cards will be issued at the sole discretion of the company.

I hereby confirm that copies of the terms and conditions of LOLC Finance PLC. applicable to the product(s)/service(s) which I have applied for from the company with details relevant to such product(s)/service(s) were given and explained to me before the signing hereof and I have read and understood the details terms and conditions therein contained and agree and consent to be bound thereby.

I have read and understood the above declaration.

SIGNATURE OF THE CARDHOLDER

DD/MM/YYYY

REQUIRED DOCUMENTS (Common Documents)

- Duly completed LOLC Finance Credit Card Application Form
- Copy of NIC / Driving License
- If your current address is different from the NIC address, a Utility Bill is required (Within last 3 months)
- Proof of other income (If any)
- Business Card

If Salaried

- The latest salary slip and a copy of employment ID
- Employment confirmation letter
- Current / Savings Account Bank Statement of the previous month

If Self-Employed

- The business registration certificate
- Current / Savings Account Bank Statements of the last 3 months