

Introduced by: EPF No. Branch Code:

CREDIT CARD APPLICATION

MY CHOICE

Visa Card Silver Gold Platinum Signature

Please complete this application in full. Insufficient information and lack of all required documentary evidence may cause a delay in processing your application. The credit limit assigned to each credit card will be at the sole discretion of NDB bank and may not be pre-decided by the applicant or any other party.

Minimum net income required to qualify for a Good Life Credit Card is LKR 20,000/-.

Please complete this Application Form in BLOCK LETTERS.

PERSONAL DETAILS

Title: Rev. Mr. Mrs. Ms. Dr.

Others (please specify)

Full Name (as per NIC)

(Underline Surname)

Name to be printed on Card (Max. 19 Characters):

Gender:

Male Female Date of Birth

Nationality:

NIC No:

Passport No:

NIC No (If new NIC is issued by Department for Registration of Persons):

(Please attach a photocopy of NIC or Passport)

Mother's Maiden Name:

Marital Status:

Single Married Widowed Divorced No. of Dependents

Professional Qualifications:

SMS ALERT SERVICE

SMS alerts on promotions & transactions will be sent to given mobile number.

E-Statement

E-mail address:

Monthly Credit Card statement will be emailed to you as an e-statement to the above e-mail address.

Please select your preference on the type of statement required.

Static *Interactive *Minimum 2MB size

Applicable Terms & Conditions of e-statement is available in the NDB Web site: www.ndbbank.com

Optional

Please send a physical statement to the (Fee may be applicable)

Correspondence Permanent Office Address

DETAILS OF RESIDENCE

Permanent Address:

Period I have been at the above address:

Years Months Monthly mortgage payment Rs.

Mortgaged

Owned Living with Parents

Monthly Rental Rs.

Company Rented

Telephone No - Home: *Mobile:

*The above mobile number will be used for mobile banking registration.

Correspondence Address: (If differs from Permanent Address)

Please send all my correspondence and PIN to:

Correspondence Address Permanent Address Office Address

Note:

We may change delivery address if we cannot deliver to your preference.

Card Collection Branch:

DETAILS OF OCCUPATION

Employment Types: Salaried Retired Self-employed

Other (please specify)

Employment Status: Permanent Probation Contract

Employer/Name of Business:

Signature of the Cardholder

Nature of Business: Advertising Airline Banking/Finance
 Communication Garments Hotel IT
 Insurance Telecommunication Travel
 Other, please specify:

Business Registration Number if Self-employed

No. of Employees:

No. of years the Company has been in business:

Years Months

Designation:

Length of Service: Years Months

Department:

Office Address:

E-mail:

Telephone No: Ext:

Mobile: Fax:

PREVIOUS EMPLOYMENT DETAILS

Previous Employer:

Nature of Business:

Length of Service: Years Months

Office Address:

Telephone No: Fax:

ANNUAL INCOME

Basic Annual Salary Rs. Fixed Allowances Rs.

Other Income Rs.

Source(s) of Other Income(s):

If you have been in your current job for less than six months please specify your previous employment details and telephone number.

FINANCES & INVESTMENT

Bank(s)

Bank Name	Branch	Account Since	Account Type	Account Number

Overdraft facility

Bank name

Account No:

Other Credit Cards (if any)

Card Type	Bank	Limit	Since

Assets: (Please indicate the market value of each)

Fixed/Call Deposits No. of Shares

Properties Other (please specify)

Do you have a vehicle?: Yes No

If yes Own Company Leased

Loans

Loan Type	Bank	Monthly Instalment	Balance Outstanding
Housing Loan			
Vehicle Loan			
Other(s)			

SPOUSE DETAILS

Full Name:

Name of Employer:

Designation:

Annual Income

Telephone No - Home: Office:

Mobile:

Signature of the Cardholder

DETAILS OF A RELATIVE NOT LIVING WITH YOU

Name:

Relationship:

Permanent Address:

Name of Employer:

Telephone No - Home: Office:

Mobile:

Correspondence Address (if differs from permanent Address):

Telephone No: Mobile:

Employer/Name of Business:

Department:

Telephone No:

SUPPLEMENTARY CARD

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an immediate family member and be at least 18 years of age.

Title: Rev. Mr. Mrs. Ms. Dr.

Others (pls specify)

Full Name (as per NIC):

Name to be printed on Card (Max. 19 Characters):

Preferred Credit Limit:

Gender: Male Female Date of Birth

Nationality: Passport No:

NIC No: (Please attach a photocopy of NIC or Passport)

NIC No: (If new NIC is issued by Department of Registration of Persons)

Mother's Maiden Name:

Relationship to Primary Cardholder:

Permanent Address

AUTOMATIC SETTLEMENT OF CREDIT CARD BILLS

NDB bank Account No. (NDB A/C holders only)

Settlement Amount 5% or 100% per month

DOCUMENTS REQUIRED

- Salaried**
- Copy of NIC or Passport
 - Latest salary slip with company seal/ authorize signature and Letter from employer confirming salary breakdown.
 - Proof of variable income for last 3 months / Other Income if applicable
 - Last 3 months salary remitted bank statements (Optional)
 - Credit card statements of last 3 months (Optional)
 - Billing Proof*
- Self Employed**
- Copy of NIC or Passport
 - Business Registration certificate
 - Letter from Auditor confirming annual income & financials for last 2 years or Tax Returns for last 2 years
 - Last 6 months bank account statements. (Both Company and Personal)
 - Form 40 & 20 , in case your company is a limited liability company
 - Billing Proof*
- Balance Transfer**
- Copy of NIC or Passport
 - Duly completed Balance Transfer Form(Available in NDB website)
 - Other bank credit card statements for last 3 months
 - Billing Proof*
- Supplementary Card**
- Copy of identification, proof of relationship to supplementary cardholder
 - Marriage Certificate - Spouse
 - Birth Certificate - Child/Parent
 (If the family name is different from primary Cardholder)
 - Billing Proof *
 - We may request additional details if necessary.
- The Bank may disqualify the applicant for non-disclosure of Financial obligations including Credit Cards.
- *Billing Proof**
- Copy of last month utility bill (Telephone - Fixed Land Line)
- Note: If the address of the NIC and the given address to this application are same, the Mobile Phone bill (Post Paid) is sufficient as the billing proof.

Signature of the Cardholder

CARDHOLDER DECLARATION

This declaration is made to National Development Bank PLC (NDB bank)

By signing below, I/We ask that an account be opened for me/us and 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 Card(s) by cutting the Card(s) in half and returning both pieces to you. 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 agree that my/our Credit Card(s) may be only used subject to the terms and conditions of the Credit Cardholder Agreement, ATM and other account terms and conditions issued by the NDB bank and I/We further agree to accept and be bound by the terms and conditions of the Credit Cardholder Agreement issued by the NDB bank. I/We accept that the usage of the new Credit Card will be construed by the NDB bank as acceptance of the terms and the conditions by me/us. I/We am/are aware that deposits or transfers to my/our Credit Card account(s) or temporary limit increases will not increase my/our cash advance limit. I/We am/are aware that certain ATM machine/bank/counter restrictions may apply to the usage of my/our Credit Card(s) in Sri Lanka and overseas. I/We am/are aware that the NDB bank may change my correspondence address if delivery cannot be made to my preference. I/We agree not to use my/our Credit Card(s) overseas to purchase goods in commercial quantities and for transfer of capital out of Sri Lanka. I/We affirm that I/We shall surrender my/our Credit Card(s) to the NDB bank and settle all dues in full in the event I/We migrate or leave Sri Lanka for overseas employment. I/We agree to be liable jointly and severally for all charges to the Primary and Supplementary Card(s) issued on my/our request. I/We accept that the NDB bank is entitled to communicate to customers by way of post cards, fax transmissions, e-mails, telegrams and SMS's. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Credit Card(s) will be issued at the sole discretion of the NDB bank. 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. 1950/40 dated 20th January 2016 subject to which the Credit Card(s) may be used for transactions in foreign exchange and I/We hereby undertake to abide by the said conditions.

Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: The Controller of Exchange

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 Notice published in the Extraordinary Gazette No. 1950/40 dated 20th January 2016 subject to which the Credit Card(s) 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 Credit Card/s to bank, if I/We migrate or leave Sri Lanka for employment abroad.

I/We am/are aware that the Authorised 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.

The information furnished in the Credit Card application form and the declaration above were read and understood by me/us prior to placing my/our signature(s).

I hereby confirm to have read and understood the Terms & Conditions of both the Credit Card & E-statement facility.

Signature of the
Basic Cardholder

Signature of the
Supplementary Cardholder

Date

BANK OFFICER'S DECLARATION

I have carefully examined the information together with relevant documents submitted by 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 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 given by the Cardholder and to bring the matter to the notice of the Controller of Exchange.

Signature of the Bank Officer

Date

Version date: 09.03.2017

For inquiries please call our Customer Service Hotline: +94 11 244 8888.