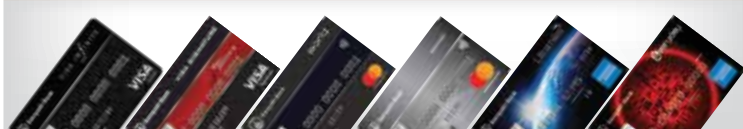


# SampathCards

The responsible choice

## Credit Card Application Form



## Welcome to Sampath Bank

### BENEFITS TO SAMPATH CREDIT CARDHOLDERS



Only 4 charges



No fuel surcharge



Select preferred payment due date



Best points loyalty reward programmes



Free SMS alerts



Free eStatement facility



Overseas travel insurance cover



Choice of MasterCard/Visa/American Express\*



0% instalment plans



Supplementary card with a limit of your choice



Best and exclusive year-round deals

- Facility to check Card transactions and balance through Sampath Vishwa and Sampath Bank mobile app
- Ability to check your Card balance by giving a Missed Call to 0112 30 30 90
- Card Balance Transfer Program (CBT)
- Extended Settlement Plans (ESP)
- Cash Instalment Plans (CIP)
- Ability to settle your recurring utility bill payments automatically via Sampath Automated Bill Settlement (SABS)
- Multiple settlement methods
- ATM Cash advance facility through ATM networks
- Overseas Travel Protection Cover
- Life Insurance Cover

### Credit Card Fees\*

#### Visa & Mastercard Credit Cards\*

Item	Classic	Gold	Platinum	World	Signature
Annual Fee - Basic (LKR)	1,500/-	2,500/-	3,500/-	4,000/-	5,000/-
Joining Fee - Basic (LKR)	1,000/-	1,250/-	1,500/-	1,000/-	F.O.C
Annual Fee - Supplementary (LKR)	750/-	1,000/-	1,500/-	1,500/-	2,500/-
Joining Fee - Supplementary	F.O.C	F.O.C	F.O.C	F.O.C	F.O.C

#### American Express® Credit Cards\*

Item	Everyday	Platinum Ultramiles
Annual Fee - Basic (LKR)	2,500/-	7,000/-
Joining Fee - Basic (LKR)	500/-	F.O.C
Annual Fee - Supplementary (LKR)	1,000/-	5,000/-
Joining Fee - Supplementary	F.O.C	F.O.C

\*Bank reserves the right to change above fees from time to time.

#### Sampath Affinity Credit Cards



Customer Signature

Employee No.

Branch Code  Agent Code

(Please complete this application form in BLOCK LETTERS)

### MY CHOICE

Card type Personal  Affinity   
Card brand Visa  American Express®  Everyday   
Mastercard  Ultramiles

Multiple cards required Yes  No

Visa  Mastercard  American Express®

Affinity name

Membership No:

If the card is applied against a cash deposit

Account No:

Amount to be held

I / We authorize the Bank to hold funds in the above account to issue me / us (a) Credit Card(s).

### MY PERSONAL DETAILS

Full name Mr.  Mrs.  Ms.  Rev.  Dr.  Prof.

Name to appear on the Card   
  
(max 22 characters with spaces)

NIC No:

Nationality

Are you a resident of Sri Lanka? Resident  Non-resident

Passport No:

Expiry date of passport   
D D M M Y Y Y Y

Date of birth   
D D M M Y Y Y Y

Place of birth

Marital status Married  Single  No of dependents

Mother's maiden name (to help us identify you over the phone)

Academic/Professional qualification(s)

Are you a politically exposed person? Yes  No

If 'Yes', please describe below:

-----  
*Customer Signature*

## MY CONTACT DETAILS

### Residence

Own  Rent  With parents  Employer provided  Mortgaged

### Permanent address


### City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Period of stay at the present address

Years  Months

### Landline - Residence

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Mobile - Personal

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### I wish to obtain FREE SMS Alerts to the above mobile number

Yes  No  By selecting 'Yes', you will receive transaction alerts, One Time Passwords, and information related to your card.

Mailing address Permanent  Office  Other

If mailing address is 'Other', please specify the address below:


### City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Authorized email address to communicate Card-related information


I wish to obtain e-statements to my above email address in lieu of paper statements via post Yes  No

## MY INCOME DETAILS

Income source Salaried  Self-employed/Business  Any other

If 'Any other', please specify below:


### Total monthly income (LKR)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### IF SALARIED

#### Name of the employer


### Period of employment with the present employer

Years  Months

### Department

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Designation

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### No of years the employer has been in business

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### No of employees

Up to 10  Up to 50  Up to 100  More than 100

### Nature of business


### Office address


### City

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Customer Signature

### MY INCOME DETAILS (CONTD.)

Landline - Office

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Extension

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Mobile - Office

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Monthly net salary (LKR)

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Fixed allowances (LKR)

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Salary remitted to Sampath Bank

Yes

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No

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Variable allowances (LKR)

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--	--

Years

Months

Name of the previous employer & period of employment

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IF SELF-EMPLOYED/BUSINESS (Name of your business)

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Ownership status

Proprietor

--

Partner

--

Director

--

Nature of your business

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How long have you been in business?

--	--

Years

Months

Monthly business income (LKR)

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Do you have any other income?

Yes

--

No

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ADDITIONAL INCOME

Source of additional income

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Additional monthly income (LKR)

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### MY FAMILY DETAILS - SPOUSE

Name of the spouse Mr. Mrs. Ms. Rev. Dr. Prof.

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Name of the employer

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Designation

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Office telephone No:

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Mobile No:

--	--	--	--	--	--	--	--	--	--

Spouse's monthly net income (LKR)

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### MY FAMILY DETAILS - RELATIVE (ALL FIELDS MUST BE FILLED IN)

Name of a relative not living with you Mr. Mrs. Ms. Rev. Dr. Prof.

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Relationship

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Relative's home address

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City

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Relative's employer

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Landline - Residence

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Mobile No:

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Office telephone No:

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Customer Signature



## INSURANCE BENEFITS

### Life Insurance Cover

Card Type	Insured Value	Annual Premium
Gold	LKR 500,000/-	LKR 500/-
Classic	LKR 250,000/-	LKR 200/-
Platinum	LKR 1.5 Million	LKR 1,400/-

I authorise the Bank to debit my Credit Card account with the relevant premium Yes  No

### Wallet Guard Protection Cover (only for AMEX Ultramiles Cardmembers)

Cover	Annual Premium
LKR 0.55 Million	LKR 1,200/-

I authorise the Bank to debit my Credit Card account with the relevant premium Yes  No

## RECOMMENDATION (NOT MANDATORY)

Recommendation Bank Staff  Existing Cardholder

### Recommender's Name

### Recommender's CAN/NIC Number

### Recommender's Contact No:

Signature

### Recommender's Branch/Department & Designation (if staff)

## DECLARATION

This declaration is made to Sampath Bank PLC, hereinafter referred to as "the Bank". By signing below, I/we declare that the information given in this application is true and correct. I/We authorize you to seek confirmation of the information given in this application from any source you may deem fit. I/We authorize my/our bankers or any other source to release any information to the Bank and/or its representative/s that the Bank may require from time to time without reference to me/us. I/We undertake to advise the Bank immediately when information already provided in the Credit Card application has changed in order that the Bank may hold the most current and updated information in respect of the account at all times. By signing below I/we request that an account be opened for me/us and Credit Card/s issued as I/we requested 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 halves to you. I/We accept that the usage of new Credit Card will be construed by the Bank as acceptance of the terms and conditions by me/us. I/We agree that usage of the Card signifies acceptance of these terms and conditions. I/We agree that my/our Credit Card/s may only be used subject to the terms and conditions governing Credit Cards issued by Sampath Bank PLC, a copy of which will be sent to me/us with my/our Credit Card/s on approval of this application. I/We am/are aware that such terms and conditions are available on the Bank web site - <http://www.sampath.lk>. I/We agree to be bound by all conditions stated in 'The Conditions of Use'.

I/We agree to be liable jointly and severally for all charges to the Basic and Supplementary Card(s) issued on my/our request. In addition, the Supplementary Cardholder/s will be bound by "The Conditions of Use" received with the Card and will be liable for all charges to the account. Nothing, except which is inclusive of any changed, amended and/or newly introduced terms and conditions by the Bank from time to time in future

relating to the Credit Card/s and/or Supplementary Credit Cards. I/We agree that I/we am/are 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 Bank will not be liable for 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 locally or/and overseas to purchase goods and services in commercial quantities and to transfer capital out of Sri Lanka. I/We agree that my/our cash advance limit will not be more than 50% of my/our permanent credit limit. I/We am/are aware that deposits or transfers to my Credit Card account or temporary limit increase will not increase my/our cash advance limit. I/We am/are aware that certain ATM machine/bank counter restrictions may apply to usage of my/our Card/s in Sri Lanka and overseas. 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 also confirm that the brochure/leaflet and the description/nature of the product/service were received by me/us and were explained to me/us making this application and that I/we fully understand the details and the nature of the product/service offered herein. I/We further authorize the Bank to use my/our personal information for marketing and operational matters. I/We further authorize the Bank to report any default by me/us to the Credit Information Bureau or similar organisation in Sri Lanka or abroad. I/We accept that the Credit Card will be issued at the sole discretion of the Bank.

### Disclaimer

I/We am/are aware that the mentioned insurance products are provided by an Insurer decided by the Bank from time to time and Sampath Bank PLC does not accept any liability in relation to the insurance contract entered into by and between Cardholder and the Insurer. A Cardholder interested in availing themselves of the insurance product offered hereto should refer to relevant product literature issued by the Insurer. For more information I/we am/are will contact the Insurer or log on to [www.sampath.lk](http://www.sampath.lk).

### Fax/E-mail/SMS/IVR indemnity

I/We hereby authorize the Bank to accept and execute the instructions received by fax or scanned through email from me/us bearing or purporting to bear my/our signature/s.

I/ We request the Bank to allow me access to the SMS Reply and IVR Services via SMS Alertz facility to my mobile phone number and/or e-mail address. I further request and authorize the Bank to accept and act upon any instructions communicated to you through data messages, SMS or any other communications sent from above mentioned mobile number or e-mail address.

I/We hereby undertake to keep the Bank fully indemnified and free from call claims, damages, charges and expenses which the Bank may incur, directly or indirectly, by reason of complying with this request/instruction or any incorrect or improperly authorised instruction from me/us received by the Bank via fax, scanned through email, SMS reply or IVR service, unless the Bank acts fraudulently or with gross negligence.

Notwithstanding the foregoing, the Bank may at any time at its absolute discretion decline to execute any request or instruction given via fax or scanned through email, SMS reply or IVR service pursuant to this request/instruction.

This request/instruction shall remain in force until I/we shall give the Bank written notice to the contrary.

I/We assume all risk in relation to any such communication via above channels and in particular and without prejudice to the generality of the foregoing risk, due to the errors or breakdown in transmission.

### Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: Director - Department of Foreign Exchange

I/We \_\_\_\_\_ (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 Terms and Conditions applicable for the use of Electronic Fund Transfer Cards (EFTs) as detailed in the Direction No. 03 of 2021 dated 18 March 2021 issued under the provisions of the Foreign Exchange Act, No. 12 of 2017 (the FEA) subject to which the card may be used for transaction of foreign exchange and I 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 Sampath Bank may require for the purpose of the Act.

I/We am/are aware that the Sampath Bank is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that foreign exchange transactions which are not permitted in terms of the annexed Directions issued under the provisions of the FEA are being carried out on the EFTC issued to me and to report the matter to the Director - Department of Foreign Exchange.

I/We also affirm that I/We undertake to surrender the Credit Card/s to Sampath Bank, if I/We migrate or leave Sri Lanka for employment abroad, as applicable. Further, I/We also agreed to notify my/our change in residential status to the Bank, if any, accordingly.

I have read & understood the above declaration & Credit Cardholder Terms & Conditions.

...../...../.....  
DD / MM / YY Signature of the Basic Cardholder Signature of the Supplementary Cardholder

I, as the Authorized Officer of the Bank have carefully examined the information together with relevant documents given by the applicant/s and am satisfied with the bona-fide of this information and documents. Further, I as the Authorized Officer of the Bank, undertake at all times 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 foreign exchange transactions which are not permitted in terms of Directions No.03 of 2021 dated 18 March issued under the provisions of the Foreign Exchange Act No.12 of 2017 are being carried out on the EFTC, in violation of the undertaking given by the Cardholders and to bring the matter to the attention of the Director- Department of Foreign Exchange.

...../...../.....  
DD / MM / YY Signature of Authorized Officer

## IMPORTANT

The Bank reserves all rights to review your income and payment capacity and thereafter offer you a suitable credit card at the sole discretion of the Bank.

Do not submit original/valuable documents as these will be destroyed, if the application is rejected.

Please refer [www.sampath.lk](http://www.sampath.lk) for more details related to SampathCards.