NDB CREDIT CARDS
THE ADVANTAGE IN YOUR WALLET

NDB bank
The future is banking on us

APPLICATION

Introduced by: EPF No. [ ] Branch Code: [ ]

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 National Development Bank PLC and may not be pre-decided by the applicant or any other party.

Please complete this Application Form in BLOCK LETTERS (English)
All non-applicable fields should be either marked as N/A or struck through across the boxes without leaving blank

PERSONAL DETAILS / පුද්ගලික විස්තර / தனிப்பட்ட விவரங்கள்

Are you an existing customer? Yes [ ] No [ ] Identification Type: NIC [ ] PP [ ] DL [ ]

Old NIC No: [ ]
New NIC No: [ ] Exp. Date d d m m y y y y
Passport No: [ ] Exp. Date d d m m y y y y
DL No: [ ] Exp. Date d d m m y y y y

Title: Rev. [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Dr. [ ] Other (Please specify) [ ]

Full Name (As per NIC/ DL/ PP) [ ]

Name to be printed on Card (Max. 19 characters): [ ]

Gender: Male [ ] Female [ ] Other [ ] Date of Birth d d m m y y y y Country of Residence ....

Identification document issued country [ ] Nationality [ ]

Mother's Maiden Name: [ ]

Marital Status: Single [ ] Married, One income earner [ ] Married, Both earning income [ ] Widowed [ ] Divorced [ ] No. of Dependants [ ]

Permanent Address [ ]

Ownership of the residence: Own [ ] Rent [ ] Living with Parents [ ] Mortgaged [ ]

Period at Permanent Address: Years [ ] Months [ ]

Telephone No. - Home: [ ] Personal Mobile: [ ]

Personal E-mail Address: [ ]

Office Address : [ ]

Office E-mail Address: [ ]

Professional Qualifications: Below Secondary Level [ ] Secondary Level [ ]
Diploma and Certificate level and other relevant qualifications [ ] Graduate degrees or Professional qualifications [ ] Post Graduate [ ]

Telephone No. - Office: [ ] Mobile - Office: [ ]

Correspondence Address [ ]

(Please provide if different from permanent address given above)

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.

STATEMENT AND ALERTS / ගිණුම් විස්තර / கணக்கு அறிக்கை

Please send my Credit Card statement to the following E-mail Address

Personal E-mail Address: ☐ Office E-mail Address: ☐

Promotional and transaction alerts will be sent to your personal mobile number

DETAILS OF OCCUPATION / රැකියා විස්තර / தொழில் விவரங்கள்

Employment Type: Salaried ☐ Retired ☐ Self-employed ☐

Select ownership status (only if self employed)

Proprietorship ☐ Partnership ☐ Director ☐

Business Registration Number

Date d d m m y y y y

Other (Please specify) .....

Employment Status: Permanent ☐ Probation ☐ Contract ☐

Employer/Name of Business:

Nature of Business: ☐ Banking/Finance ☐ Agricultural ☐ IT ☐ Communication ☐ Textiles ☐ Tourism ☐ IT

☐ Insurance ☐ Telecommunication Other, please specify: .....

Designation: Length of Service: Years Months

Department:

PREVIOUS EMPLOYMENT DETAILS / පෙර රැකියාවේ විස්තර / முந்தைய வேலை விவரங்கள்

Company Name:

Address:

Length of Service: Years Months

MONTHLY INCOME / මාසික ආදායම / மாத வருமானம்

Basic Monthly Salary - LKR

Fixed Allowances - LKR

Other Income for a month - LKR

Source(s) of Other Income(s):

Do you or/a member of your family / business associate / business partner /a close associate hold (s) a senior public office (Government, judicial, political, military, etc.) locally or in another country, Yes ☐ No ☐

If yes

Name

Designation

Relationship

DETAILS OF A FRIEND/ RELATIVE NOT LIVING WITH YOU / මිතුරකු / නෑදෑයෙකුගේ විස්තර / நண்பர் / உறவினரின் விவரங்கள்

Name:

Relationship:

Permanent Address:

Name of Employer:

Telephone No. - Home:

Office:

Mobile:

SUPPLEMENTARY CARD / අමතර කාඩ්පත / மேலதிக அட்டை

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. ☐ Other (Pls. specify) .....

Full Name (As per NIC/ DL/ PP)

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

Gender: Male ☐ Female ☐ Date of Birth d d m m y y y y

Nationality: (Please attach a photocopy of NIC or Passport)

Old NIC No:

New NIC No: Exp. Date d d m m y y y y

Passport No: Exp. Date d d m m y y y y

DL No: Exp. Date d d m m y y y y

Country of residence: .....

Mother's Maiden Name:

Relationship to Primary Cardholder:

Permanent Address

Telephone No. - Home: Mobile: Employer/Name of Business:

Designation: Telephone No. - Office: Ext.

Do you or /a member of your family / business associate / business partner /a close associate hold (s) a senior public office (Government, judicial, political, military, etc.) locally or in another country, If Yes,

Name

Designation

Relationship

AUTOMATIC SETTLEMENT OF CREDIT / ස්ථාවර නියෝග විස්තර / நிலையான உத்தரவு விவரங்கள்

NDB Bank Account No. (NDB accounts only)

Settlement Amount ☐ Minimum Due ☐ Full Settlement

AFFINITY CARDS / ඇෆිනිටි කාඩ්පත / ஈர்ப்பு அட்டைகள்

Applicable only for (Affinity Cards)

Product Type

Membership No.

CARDHOLDER DECLARATION / කාඩ් හිමිකරුගේ ප්‍රකාශනය / கார்டு வைத்திருப்பவர் ஒப்புதல் அறிக்கை

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 Credit Card(s) be 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 authorise 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 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 preferred address. 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 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 declare and confirm that I have consented and authorised NDB bank to verify my/our Identification details with the Department for Registration of Persons. I/we hereby confirm that I/we am/are aware of the conditions imposed under the Foreign Exchange Act No 12 of 2017 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: Director Department of Foreign Exchange

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

I/we..... (Primary/Supplementary Cardholder), ... (Primary/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 (EFTCs) as detailed in the **Directions 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 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 National Development Bank may require for the purpose of the FEA.

I/we am/are aware that the 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/us and to report the matter to the Director - Department of Foreign Exchange.

I/we also affirm that I/we undertake to surrender the EFTCs to the bank, if I/we migrate or leave Sri Lanka for permanent residence or employment abroad, as applicable. **Further, I/we also agreed to notify my/our change in residential status to the bank, if any, accordingly.**

_____
Signature of the Primary Cardholder

_____
Signature of the Supplementary Cardholder

Date: d d m m y y y y

BANK OFFICER'S DECLARATION / බැංකු නිලධාරියාගේ ප්‍රකාශනය / வங்கி அதிகாரியின் ஒப்புதல் அறிக்கை

To: Director - Department of Foreign Exchange

I, as the Authorised Officer of the National Development Bank PLC have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bonafide of these information and documents. Further, I as the Authorised 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 2021 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.

Signature Witnessed

EPF No:

Date: d d m m y y y y

Signature Verified

EPF No:

Date: d d m m y y y y

Scan here to view the latest Tariff and Terms & Conditions related to your card.

For inquiries please call our Customer Service Hotline: +94 11 744 8888.