NDB WRIZTPAY APPLICATION FORM			
Primary Credit Card No :			
Cardholder's Name :			
NIC#:			
Address :			
Mobile Number :			
E-mail address :			
(To enable e-statement)			
Required limit :			
(For the WRIZTPAY device)			
I hereby request National Development Bank PLC to provide me with a "WRIZTPAY" wearable device, linked to my Primary Credit Card as an additional device. I also agree and shall be bound by the Terms and Conditions applicable to my Primary Credit Card which I have already signed with the Bank with regard to this additional device.  Yours faithfully,			
Signature of the Cardholder Date  For Bank Use Only			
Primary Credit Card No :			
Customer CID :			
E-statement enabled : YES / N (Please select as appropriate)	10		
I,			
Signature of the Bank Officer	Name	Date	EPF

Classification: Internal