

CREDIT CARD APPLICATION FORM



Bank use only		Eligible Card Type	
Application reference number	<input type="text"/>	<input type="checkbox"/> Union Bank Gold Credit Card	
CIF number	<input type="text"/>	<input type="checkbox"/> Union Bank Platinum Credit Card	
Branch <input type="text"/>	Branch Code <input type="text"/>	<input type="checkbox"/> Union Bank Signature Credit Card	
Sales <input type="text"/>	DSA Code <input type="text"/>		

***All fields are mandatory. Please complete this application in BLOCK LETTERS.**

PERSONAL INFORMATION

Title* Mr Mrs Ms Dr Rev

First name*

Last name*

Other names

(All correspondence will be addressed to your last name and with the first name)

Name to appear on the Card (Maximum 21 characters including spaces)*

Gender * Male Female

Date of birth*

Nationality* Sri Lankan Other(specify): _____

NIC No.*

Passport no.

Passport exp. date:

VISA type

VISA exp. date:

Marital status* Single Married Widowed Divorced

No. of dependants*

Mother's Maiden Name*
 (Mother's surname before marriage)

Highest educational qualification* Primary (O/L) Secondary (A/L) Certificate/Diploma Graduate Postgraduate
 Professional

Institute / University _____ **Year** _____

Permanent address*
 Add line 1.*

Add line 2.

Add line 3.

City*

District*

Residence address* (if different from your permanent address)
 Add line 1.*

Add line 2.

Add line 3.

City*

District*

CONTACT DETAILSResidence Contact No. E-mail ID Mobile (For SMS alerts)* Additional mobile no. Would you like to receive E-statement to this email ID?* Yes No

(E statements are easier for use , accesible anytime and more secure. Go green and help the environment.)

OTHER DETAILS

Status of Residence* Owned and not mortgaged Owned and mortgaged Owned by Spouse Living with Parents
 Rent / Leased Company provided

Duration of stay at present address* Years Monthly rental expenditure (Rs.) Do you own a vehicle?* Yes NoIfYes, Own Company provided Rent LeasedType of vehicle Car Van SUV Double cab Lorry Three Wheeler Motor cycle OtherSource of wealth* Business/ Ownership Investment Profession/Employment Inheritance Others

Estimated value of wealth* 0 < 250,000 250,000 ≤ 1Mn 1Mn ≤ 2.5Mn
 2.5Mn ≤ 5Mn 5Mn ≤ Above

Correspondence address* (All your correspondence including the PIN will be delivered to this address)

Please tick (√) Permanent address Residence address Office address

Card delivery address (if different to correspondence address)

Please tick (√) Permanent address Residence address Office address Collect from Union Bank branch Specify the branch _____**EMPLOYMENT DETAILS**Employment Status* Salaried Self-employed SecuredName of Employer*

Nature of business* Advertising Travel/Airline Armed Services Banking/Finance Construction Garment Hotel
 Government Freight Forwarding/Shipping Healthcare IT Insurance Manufacturing
 NGO/NPO/Charity Plantation Professional services Trading Telecommunication Other

Designation* Employee ID/EPF No. Department Length of service* Years If Self Employed, No of years of the Business*

Address of Employer or Business*

Add line 1.* Add line 2. Add line 3. City* District* Office telephone number* Extension

MY PREFERENCES

By requesting for any value added service, you agree to abide by the Terms and Conditions governing such program(s).

STANDING INSTRUCTIONS

For Union Bank Account holders: Do you wish to settle credit card bills on the payment due date automatically by debiting your Union Bank Account? Yes No

Union Bank Account number

Percentage to be Settled Minimum Due Amount Total Due Amount Other (10%-99%) Sepcify_____

The Minimum Due Amount calculated for a given statement may exceed the partial settlement percentage set by the cardholder.

BILLING DATE PREFERENCE

Billing Cycle: 5th of Every Month (Payment Due Date to fall approximately on 26th) 22nd of Every Month (Payment Due Date to fall approximately on 12th)

BALANCE TRANSFER

Would you like to transfer other bank credit card balances to Union Bank Credit card?

Name of the Bank

Credit Card Number / Account Number

Amount to be Transferred Balance Transfer Options: 1Month 3Months 6Months 12Months

Payment options for applicable fees Pay Up front Pay in installments

(Please attach the last credit card statement of the other bank and the request letter for settlement addressed to the other bank.)

INSURANCE SERVICE

Would you like to subscribe for wallet protection insurance cover Yes No (Please refer our website for applicable charges.)

LANGUAGE PREFERENCE

English Sinhala Tamil

DECLARATION

Declaration made by the applicant(s) to Union Bank of Colombo PLC:

I/We state that the above details are true and accurate and given in support of my/ our application to Union Bank of Colombo PLC. By signing below I/we request that an account be opened for me/us and credit card(s) be issued. I/we authorize you to seek confirmation of the information given in this application from any source you may deem fit.

By signing below, I/we agree that my/our credit card(s) may only be used subject to the terms and conditions of the credit card issued by Union Bank of Colombo PLC. I/we hereby confirm that copies of the relevant terms and conditions were made available to me and I/we are aware that such terms and conditions could be accessed via the bank's corporate website. I/we agree to accept that a further copy of the said terms and conditions will be sent to me/us with my/our credit card(s), on approval of this application. I/we specifically agree that I/we shall not use the credit card(s) issued to me /us and shall return the said credit card(s) properly destroyed as afore said in the event of any of the terms and conditions in the credit card terms and conditions being unacceptable to me/us. I/we hereby further accept and agree that the bank may change/revise/amend the terms and conditions of the credit card from time to time at its sole discretion and I/we hereby accept and agree to be bound by such amended terms and conditions.

I /we agree jointly and severally to be responsible for all changes to the primary and supplementary card(s) issued on my/our request. I / we have read and understood the above declaration.

Declaration made by the applicant(s) for Electronic Fund Transfer Cards.

To: Director – Department of Foreign Exchange

I/We _____ (Primary Cardholder) and _____ (Supplementary Cardholder) declare that all the 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 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/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/s issued to me/us as Union Bank of Colombo PLC may require for the purpose of the Act.

I/we am/are aware that the Authorized Dealer (bank) 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 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 Union Bank of Colombo PLC, if I/we migrate or leave Sri Lanka for employment abroad, as applicable.

Signature of the Primary Cardholder

Signature of the Supplementary Cardholder

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

I as the authorized officer have carefully examined the information together with relevant documents given by applicant/s and satisfied with the bona-fide of these information and document. I undertake to exercise due diligence on the transactions carried out by the Card holder on his/her EFTC in foreign exchange and to suspend the availability of 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 Authorised Officer

Date (DD/MM/YYYY)

Please deliver the completed form together with supporting documents to your nearest Union Bank branch or mail to:

Union Bank of Colombo PLC, 64, Galle Road, Colombo 03.

For assistance contact the Union Bank 24 hour contact center on 011 5 800 800