

Free Travel Insurance Cover

Enjoy free overseas Travel protection by Sri Lanka Insurance Corporation Limited when you use your Cargills Bank Mastercard Platinum Credit Card to purchase your return air ticket or overseas hotel booking from Sri Lanka.

Supplementary Cards for Your Loved Ones

Extend the perks of your Cargills Bank credit card to your loved ones with supplementary cards. Share the benefits and enjoy together.

50% Cash Advance Facility

You can easily withdraw cash whenever you need it.

24-Hour Customer Service

Our team is available round the clock to assist you.



Scan the QR code to view the Credit Card Tariff



Scan the QR code for Credit Card Offers



RE-iMAGINE

NOW CUSTOMISE YOUR CARGILLS BANK CREDIT CARD WITH AN IMAGE OF YOUR PREFERENCE.

011 7 640 640

TEAR OFF

DECLARATION

This declaration is made to Cargills Bank PLC
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 term and conditions of the Credit Cardholder Agreement, ATM and other account terms and conditions issued by Cargills Bank PLC. I/We further agree to accept and be bound by the terms and conditions of the Credit Cardholder Agreement issued by Cargills Bank PLC. I/We accept that the usage of the new Credit Card will be construed by Cargills Bank PLC 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 Cargills Bank PLC 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 Cargills Bank PLC 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 to all charges to the Primary and Supplementary Card(s) issued on my/our request. I/We accept that Cargills Bank PLC is entitled to communicate to customers by way of post cards, fax, transmissions, emails, 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 Cargills Bank PLC. I/we hereby confirm, that I/we am/are aware of the conditions imposed under the Foreign Exchange Act No. 12 of 2017, the extraordinary gazette No. 2045/56 dated 17th November 2017 and regulations/ direction issued there under 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

I/We 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 Funds 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 by Cargills 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 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 confirm 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.

I hereby consent to receive real time notifications on all transactions effected through Electronic Payment Instruments/Mechanisms to my mobile number given below.

My designated mobile number on which real time notifications to be provided by the bank is:
I also undertake to notify the bank immediately of any known or suspected unauthorized transactions to by account via the Electronic Payment Instruments/mechanisms and in the event of such notification the bank shall take necessary steps which may also include blocking of the said fund movements and or blocking of the said account to avoid loss or damage to me by such unauthorized use of Electronic Payment Instruments/Mechanisms. Provided however that the bank-shall not be liable for any loss or damage caused to me in the absence of any willful default on its part. I understand it is my responsibility to inform the Bank immediately If the designated mobile number is changed for any reason.

Note: Electronic Payment Instruments/Mechanisms will include but not be limited to Mobile Applications, QR Code, Justpay, Internet Banking, Debit Cards and Credit Card, Cargills Cash, ATM/KIOSK transactions, etc.

I have read & understood the above declaration, Credit Cardholder Terms & Conditions and Credit card fees and charges.

*
Signature of Primary Cardholder

* Date: [.....]

*
Signature of the Supplementary Cardholder

* Date: [.....]

I, as the Authorized Officer have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents. I undertake 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 and to bring the matter to the notice of the Director- Department of Foreign Exchange.

Date: [.....] Signature of the Authorized Officer

Declaration (to be filled only in the event when Bank staff fills the mandate on behalf of customer)

I/We hereby acknowledge that
.....
.....

(Bank Staff name & ID) the Bank staff has filled in this application form on my request and based on the information provided by me/us and that the information provided herein is true and accurate. I/We acknowledge and agree that the Bank or any of its representatives is not responsible for any liability arising out of incorrect/untrue information provided in this application.

..... Primary Cardholder
..... Supplementary Cardholder

If you require a translated copy of this document in Sinhala or Tamil, or to provide feedback or complaints, please visit www.cargillsbank.com website.

මෙම මෙම ලේඛනයේ සියලුම කොටස් සඳහා වන අවසරය ලබාදීම සඳහා අවශ්‍ය වන සියලුම තොරතුරු සැපයීමට කරුණාකර අපගේ වෙබ් අඩවිය වෙත www.cargillsbank.com වෙත පිවිසෙන්න.

இந்த ஆவணத்தின் மொழிபெயர்க்கப்பட்ட நகல் சிங்களம் அல்லது தமிழில் உங்களுக்குத் தேவையப்பட்டால், அல்லது கருத்து அல்லது புகார்கள் வழங்க, தயவுசெய்து www.cargillsbank.com இணையதளத்தைப் பார்வையிடவும்.

Please deliver the completed form to your nearest Cargills Bank branch or mail to The Manager Card Operations, Card Centre, Cargills Bank PLC, 1st Floor, No. 34, Maitland Crescent, Colombo 07. For any inquiries, please call our **24/7 Customer Service Number 0117 640 640.**
Email: cards@cargillsbank.com
Web: www.cargillsbank.com

CargillsBank
BANKING ON THE HUMAN SPIRIT

CREDIT CARD APPLICATION

Control is in your hands!
With your Cargills Bank Credit Card

Official website www.cargillsbank.com
FITCH RATING A(LKA)
Cargills Bank PLC is a licensed commercial bank supervised by the Central Bank of Sri Lanka

CargillsBank Cards
CONTROL IS IN YOUR HANDS

02/July/2024
Cargills Bank PLC - Company No. PQ 00293634 | Cargills Bank is a licensed commercial bank supervised by the Central Bank of Sri Lanka.

CARGILLS BANK CREDIT CARD APPLICATION

Your preferred credit limit: _____

(Card limit and Card type will be subjected to evaluation.)

Your preferred card type :

Ascend Platinum Titanium

(Card type and limit will be decided subject to credit evaluation.)

Bank use only
Branch Code

BDO/DSA Code

R S
P MA M

ALL FIELDS ARE MANDATORY. (Complete this application in BLOCK LETTERS)

PERSONAL INFORMATION

Title : Mr Mrs Miss Dr Prof Other _____

Gender : Male Female

Name in full (as per NIC/DL/PP) : _____

(Please underline your first name)

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

Date of birth : DD / MM / YYYY

Mother's maiden name : _____

Marital status : Single Married Divorced Widowed

No of dependents : _____

Nationality : Sri Lankan Other _____

NIC No. : _____

Passport No. : _____

Expiry date of Passport : DD / MM / YYYY

Highest educational level :

Primary (O/L) Secondary (A/L) Diploma/Certificate Graduate

Postgraduate Professional Other _____

Permanent address :

District : _____

Postal code : _____

Residence ownership status: Owned Mortgaged Company provided

Living with spouse Living with parents Rented/Leased

Duration of stay at present address : Years _____ Months _____

Do you possess a vehicle? Yes No

Own Company provided Rented/Leased

Correspondence address : (if different from your permanent address, all your correspondence including monthly statements and PIN will be delivered to this address)

District : _____

Postal code : _____

Card to be collected : Branch Branch name : _____

• PIN will be delivered to correspondence address.

Contact No.

Residence : + 9 4 | _____

Mobile 1 : + 9 4 | _____ (For SMS Alerts/ WhatsApp)

Mobile 2 : + 9 4 | _____

EMPLOYMENT DETAILS

Income Details

Salaried Self employed Others _____

Name of Employer/Business :

Address of Employer/Business : (include department)

Field of Employment : _____

Confirmed in Employment : Yes No

Occupation : _____

ANNUAL INCOME

Annual Income below - Rs. 1,200,000

Annual Income between - Rs. 1,200,000 - 5,000,000

Annual Income above - Rs. 5,000,000

Annual Income above - Rs. 15,000,000

Designation : _____

Length of service : MM / YY / YY

If the duration of your current employment is less than one year :

Name of previous Employer :

Address of previous Employer : (include department)

Telephone No. : + 9 4 | _____

Length of service : MM / YY / YY

Designation : _____

Office : + 9 4 | _____ Ext : _____

Annual salary Rs. : _____

DETAILS OF A RELATIVE NOT LIVING WITH YOU

(You can mention details of 2 relatives with their mobile numbers or details of 1 relative with their residence landline number)

Relative 01

Name in full : Title : Mr Mrs Miss Dr Other _____

Home Address :

Relationship : _____

Name of the employer/ Business: _____

Contact No.

Residence : + 9 4 | _____

Mobile : + 9 4 | _____

Office : + 9 4 | _____

Relative 02

Name in full : Title : Mr Mrs Miss Dr Other _____

Home Address :

Relationship : _____

Contact No.

Mobile : + 9 4 | _____

DETAILS OF SPOUSE

Name in full : Title : Mr Mrs Dr Other _____

Employed : Yes No

Name & Address of Employer/Business : (include department)

Designation : _____

Contact No.

Mobile : + 9 4 | _____

CLASSIFICATION

I / a member of my family / a Close Associate / Business Partner is entrusted with prominent public functions (Government / Judicial / Police or Military)

Yes No

If yes, please state the relationship _____

SPECIAL BENEFITS

Do you wish to settle credit card bills on the payment due date automatically, by debiting your Cargills Bank Account Yes No

Account number : _____

Percentage to be settled : Minimum or _____ %

VALUE ADDED SERVICES

Do you wish to subscribe for SMS Alert facility? Yes No

Do you wish to subscribe for PDF e-Statements? Yes No

E-mail :

Do you wish to access your Credit Card on Mobile Banking/Online Banking Services? Yes No

SUPPLEMENTARY CREDIT CARD

Do you wish to offer a supplementary card to your immediate family member?

Yes No (You can offer supplementary credit card only to your immediate family member with the relationship proof document)

Please mention the preferred credit limit: _____

Title : Mr Mrs Miss Dr Other _____

Gender : Male Female

Name in full (as per NIC/DL/PP) :

(Please underline the first name)

Mother's Maiden name : _____

Relationship : _____

Date of birth : DD / MM / YYYY

Nationality : Sri Lankan Other _____

NIC No. : _____

Passport No. : _____

Contact No. :

Residence : + 9 4 | _____

Mobile : + 9 4 | _____

Office : + 9 4 | _____ Ext : _____

Name to appear on Credit Card : (Maximum 21 characters including spaces)



Year-Round Offers

Delight in life with an array of offers on Supermarket, Dining, Online, Lodging, Entertainment & many more



Easy Settlement Plan

Up to **36 months** instalments for any of your transactions above Rs. 15,000/=



Instant Balance Transfer

Get out of your Credit Card debt in just **30 minutes** with a simple request via whatsapp



Image Cards

Customize your Cargills Bank Credit Cards with an **image** of your choice

