

# Consolidated Mandate



Current and / or Savings Account     Credit Card     Personal Loan

Please write in clear BLOCK CAPITALS and strike off sections that are not applicable / left blank

## Please tell us about yourself

Account Master

Personal Details											
Title : <input type="checkbox"/> Rev <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			(Please Specify)				<input type="checkbox"/> Male <input type="checkbox"/> Female				
Name in full: (As in NIC/Passport)						Surname					
Alias:											
Nationality <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other _____		Date of birth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Country of Residence:		Marital Status				
If Dual Citizen please specify _____		DD    MM    YYYY			Country of birth		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____				
(Incase of multiple nationalities, please list ALL Nationalities/Citizenships held)		Mother's Maiden Name: (Mandatory)			Spouse Name:						
Please tick "√" Yes or No for each of the following questions: Yes / No				National Identity Card No. / Passport No.		Spouse Mobile No. :					
1. Are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No											
2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No						Number of dependants					
3. Do you hold a U.S. Permanent Resident Card (Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Contact Details											
Residential Address								Since (Year) :			
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Permanent address (If different from residential address)											
Residence type / classification / category <input type="checkbox"/> Self owned <input type="checkbox"/> Living with parents <input type="checkbox"/> Rented <input type="checkbox"/> Mortgage <input type="checkbox"/> Company provided <input type="checkbox"/> Paying guest accommodation or hotel <input type="checkbox"/> Other _____											
Telephone numbers (Mandatory)		(Residence)			(Mobile)			(Office)		(Fax)	
Email address (Mandatory)		(Personal)			(Office)						
Preferred address for communication <input type="checkbox"/> Residence <input type="checkbox"/> Permanent <input type="checkbox"/> Office (Note: Above instructions will apply for Credit cards and other accounts opened subsequently as well)											
Academic / Professional Qualifications											
Educational status <input type="checkbox"/> Up to higher secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Professional <input type="checkbox"/> Other _____ (Specify)											
Employment details											
Employment type <input type="checkbox"/> Salaried <input type="checkbox"/> Self employed <input type="checkbox"/> Other _____ (Specify)    Annual Income Rs. _____											
Nature of business <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Import and Export <input type="checkbox"/> Garments <input type="checkbox"/> Information Technology <input type="checkbox"/> Medical <input type="checkbox"/> Professional services <input type="checkbox"/> Other _____ (Specify)											
Occupation/Profession (Mandatory)			Current designation and department (Mandatory)			Employer name/ name of business if self employed (Mandatory)					
Date of joining current organisation		Employer address / Registered office for business (Mandatory)				Public position held (if applicable)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
DD    MM    YYYY											
Previous employer / business (if duration with current employer/in current business is less than two years)							Length of service				
Previous designation and department			Address of previous employer / business								
Signatures: _____ Main Accountholder "A"    Joint Accountholder "B"											

### Joint Accountholder (B) / Supplementary Credit Cardholder

<input type="checkbox"/> Joint Account Only <input type="checkbox"/> Supplementary Card Only <input type="checkbox"/> Joint and Supplementary Card				
Title : <input type="checkbox"/> Rev <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="text"/> <input type="text"/> <input type="text"/> (Please Specify) <input type="checkbox"/> Male <input type="checkbox"/> Female				
Name in full: (As in NIC/Passport)			Surname	
Alias:				
Residential Address				Since (Year) :
				<input type="text"/>
Permanent address (If different from residential address)				
Telephone numbers (Mandatory)	(Residence)	(Mobile)	(Office)	(Fax)
Nationality	Date of birth		National Identity Card Number/ Passport Number	Marital status
<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If Dual Citizen please specify _____ (Incase of multiple nationalities, please list ALL Nationalities/Citizenships held)	DD	MM	YYYY	Preferred credit limit (For suplimentary card only)
Country of Residence: _____			Please tick "√" Yes or No for each of the following questions: <b>Yes / No</b>	
Country of Birth : _____			1. Are you a U.S. Resident? <input type="checkbox"/> <input type="checkbox"/>	
			2. Are you a U.S. Citizen? <input type="checkbox"/> <input type="checkbox"/>	
			3. Do you hold a U.S. Permanent Resident Card (Green Card)? <input type="checkbox"/> <input type="checkbox"/>	
Email address (Mandatory) _____				
Relationship to main accountholder			Mother's Maiden name (Mandatory)	
Occupation/Profession (Mandatory)			Current designation and department (Mandatory)	
Employer name (if applicable)			Public position held (if applicable)	
Employer address				

### Correspondence

<b>Bank correspondence</b> (Note: Below instructions will apply for other accounts opened subsequently as well)				
<b>Account Statements</b> <small>(If both email and post options are selected, only e-statement will be sent)</small>	Dispatched to <input type="checkbox"/> Accountholder "A" <input type="checkbox"/> Accountholder "B"			
	Statement by E-mail	Current / Savings Call Accounts:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
	Statement by post	Current Account Savings / Call Accounts:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly
* Statements are not applicable for Fixed Deposits				

### Value Added Services

You will be automatically enrolled for Online Banking and SMS alerts (Free of Charge)	
<b>Online Banking</b> <input type="checkbox"/> I/We do not wish to utilize this service.	<b>SMS Alerts</b> (For local mobile operators) <input type="checkbox"/> I do not wish to receive transaction alerts (please note this does not apply to transaction verification alerts and alerts on promotions)

### Cheque Book (Applicable for local Rupee current account/s)

Please issue me/us a cheque book for the Current Account/s <input type="checkbox"/> 25 Leaves <input type="checkbox"/> 50 Leaves <input type="checkbox"/> No			
Refer the Tariff Guide for applicable charges.			

### Official Use Only

Branch: <input type="text"/>	RM Code: <input type="text"/>	Segment Code: <input type="text"/>
CCY   Prefix   Master   Suffix	CCY   Prefix   Master   Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures: _____ Main Accountholder "A"	_____ Joint Accountholder "B" / Supplementary Credit Cardholder
---	--

## Which account (s) would you like to apply for?

Account Type	Employee Banking	Currency	Category	If foreign currency
<input type="checkbox"/> Current Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local currency	<input type="checkbox"/> PFCA <input type="checkbox"/> BFCA	<input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> AUD
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foreign currency	<input type="checkbox"/> CTRA <input type="checkbox"/> IIA	<input type="checkbox"/> GBP <input type="checkbox"/> JPY <input type="checkbox"/> SGD
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Call Deposit		<input type="checkbox"/> Other _____	<input type="checkbox"/> CNY <input type="checkbox"/> Other _____

## Introduction

### **PLEASE NOTE THIS SECTION IS MANDATORY FOR CURRENT ACCOUNTS**

I'm pleased to introduce the above applicant(s) to Standard Chartered Bank, for the purpose of opening an account. I provide this introduction (s) as a:

- Standard Chartered Current Account Holder - Account Number
- Professional - My Profession \_\_\_\_\_
- Company Director - Name of Company \_\_\_\_\_
- Person holding a senior position in a government / semi government establishment - Name of Organization \_\_\_\_\_

Name: \_\_\_\_\_ NIC: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Fixed Deposit Only

Period: <input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____		Interest rate (Mandatory) _____
Interest Payment <input type="checkbox"/> Maturity <input type="checkbox"/> Monthly (for 1 year deposit)	Interest to be credited-Account number <input style="width: 100px;" type="text"/>	
Renewal instructions: <input type="checkbox"/> Renewed automatically with interest	Capital to be credited-Account number <input style="width: 100px;" type="text"/>	
<input type="checkbox"/> Renewed automatically and interest credited to the given account		
<input type="checkbox"/> Do not renew. Credit funds to the given account		

## Nomination

Nomination required  Yes  No

If yes, please attach the completed nomination form and collect the acknowledgement from the bank official. Nomination is not applicable for current and joint accounts.

## Source of Funds and Purpose of Account Opening

Purpose of Account Opening :	
Initial deposit amount : _____	<input type="checkbox"/> Own Business <input type="checkbox"/> Return on investment
<input type="checkbox"/> Salary <input type="checkbox"/> Inheritance / Gift	<input type="checkbox"/> Commission <input type="checkbox"/> Others _____
Funds received by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
Transfer from account number <input style="width: 100px;" type="text"/>	Other: _____

## Account Activities / Income Details

Anticipated Volume and Type of Activity	Transaction Types	Anticipated No. of Transactions per month	Anticipated Amount per month
	Credits		
	Debits		
<b>Monthly Income Details</b>	Monthly Gross Income: _____	Monthly Deductions: _____	

## Referee Details (Only for Credit Card and Loans)

Name			
Address			
Relationship to the applicant			
Telephone Number	Home <input style="width: 100px;" type="text"/>	Mobile <input style="width: 100px;" type="text"/>	Office <input style="width: 100px;" type="text"/>

Signatures: \_\_\_\_\_  
Main Accountholder "A"
Joint Accountholder "B"

## Credit Cards

Which Credit Card would you like to apply for

- Visa Infinite     
  Visa Signature     
  Visa Platinum Privilege     
  Visa Gold  
 Master Platinum     
  SriLankan Airlines Visa Platinum     
  Arpico Privilege Platinum     
  Arpico Privilege Gold

(Please insert your existing FlySmiLes / Arpico Privilege number if applicable)

Yes I would like to have my Standard Chartered Bank account automatically debited each month for my Credit Card payment

Yes      Account number

If Yes, please indicate percentage     Minimum amount due     Total billed amount     Fixed Amount

## Credit Card and Debit Card (Applicable for local Rupee Current and Savings accounts only)

Name as it should appear on the Primary card (Please use BLOCK CAPITALS)

Name as it should appear on the Joint accountholder Debit Card and / or Supplementary Credit Card (Please use BLOCK CAPITALS)

Standard Chartered Credit Card to be linked for payment via the Bank's ATMs

Account to be linked (Account used for all transactions and other ATM withdrawals)

Current       Savings

Current       Savings

If both accounts are same type, please specify

## Declaration (for Credit Card)

I/We state that the above details are true and accurate and given in support of my/our application to Standard Chartered Bank, Sri Lanka for a Credit Card account, subject to the respective Credit Cardholder Agreement which outlines the Terms and Conditions and I /We hereby confirm that I/We have received, have been explained and understood the Terms and Conditions applicable to Credit Cards and also am/are in possession of a copy of same and agree to be bound by the same and that I/we possess the requisite capacity to enter into this application and the applicable Terms & Conditions.

I/We authorize Standard Chartered Bank to debit my/our Credit Card Account with the charges and fees in respect of this card account and will be liable jointly and severally for all charges and fees to the Primary and Supplementary Cards issued on my request. If Standard Chartered considers it as relevant for the purpose of assessing this application, I/We authorize Standard Chartered Bank to obtain a report about my/our commercial activities or commercial credit worthiness from a business/institute which provides this information. I/We understand this information may be used to assess my/our application for credit and/or my/our credit worthiness, to assist me/us to avoid default and to notify other credit providers of my/our default.

I/We also authorize Standard Chartered Bank to make enquiries about the information included on my/our application from any other source. By signing below I/we request that the card account be opened for me/us and to renew and replace it until I/we surrender my/our rights to use the card by cutting the card and returning it to Standard Chartered Bank.

\_\_\_\_\_  
Primary Card Applicant's signature

\_\_\_\_\_  
Supplementary Card Applicant's signature

## Signing Instruction

Operating Instructions:

Sole (Main Accountholder A)

Either one to sign

(Applicable only for Joint Accounts)

Two to sign \_\_\_\_\_ (Specify Names)

"I / We hereby acknowledge that I/We have received, have been explained & understood the Account Terms and Conditions and also and an/are in possession of copies of same and I/We agree to be bound by the said Terms and Conditions in opening and operating this Account and Debit Card(s) with Standard Chartered Bank and expressly confirm that I/We am/ are of the requisite capacity to enter into and be bound by the Account Terms and Conditions."

Signatures: PLEASE USE A BLACK ROLLER PEN OR INK PEN

Date:          
D D    M M    Y Y    Y Y

\_\_\_\_\_  
Main Accountholder "A"

\_\_\_\_\_  
Joint Accountholder "B"

## Personal/Auto Loan

**Please provide us details of the loan you would like to apply for**

Personal Loan     
  Auto Loan     
  Loan against Car     
  Sole     
  Joint

**Interest rate type:**     
  1 Year     
  5 Year     
  Other

Loan amount in figures

Loan amount in words

**Interest rate (% p.a)**     
  Fixed     
  1 Year Floating

No. of installments

Purpose of the loan

**Repayment method**     
  Monthly installment from the salary     
  Monthly salary     
  Standing Order

## Promissory Note

On this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_ I/We, the undersigned 1. \_\_\_\_\_ and 2. \_\_\_\_\_ (full names should be indicated as appearing in NIC) Whose signature/s are placed below, on demand promise to pay the Bank a sum of Sri Lankan Rupees \_\_\_\_\_ (in figures) Rupees \_\_\_\_\_ (In words) together with the interest at \_\_\_\_\_ %per annum or at any other rate determined by the Bank. The bearer of this promissory note has the right of recourse without representation or cost.

\_\_\_\_\_  
Signature of Primary Applicant

N.I.C. No.: \_\_\_\_\_

In the Presence of

Signature of Witness: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

Signature Verified
-----------------------

\_\_\_\_\_  
Signature of Joint Applicant

N.I.C. No.: \_\_\_\_\_

In the Presence of

Signature of Witness: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

## Declaration by the applicant

I/We hereby apply for the loan detailed in this application and agree/undertake to pay the interest all fees/Insurance fee/commission as prescribed by the Bank upon approval. I further agree that the approval of this application or the grant to me/us of any loan is at the sole discretion of the Bank and the Bank has no obligation to furnish any explanation should this application be rejected. I/We hereby warrant that no bankruptcy proceedings have been commenced or are intended to commence against me/us and that all information furnished in this application are true accounts with the Bank as long as I/We remain a customer of the Bank. I/We acknowledge that the Bank has the right to institute legal proceedings for recovery of the debt and that I am / We are liable to pay the Bank all legal costs, court fees and lawyers fees incurred by or on behalf of the Bank and other bank charge in recovering or attempting to recover any outstanding dues. I/We hereby confirm that I/We have received, have been explained and understood the Terms and Conditions applicable to this loan scheme and also am/ are in possession of a copy of the same, and agree to be bound by this application and the applicable Terms and Conditions. I/We hereby further confirm and expressly state that I/we possess requisite capacity to enter into this application and applicable Terms & Conditions. I/ We confirm that the details furnished are true and correct and that no material information has been wilfully withheld in completing this application.

I/We undertake to irrevocably instruct my/our current employer to remit the

(Please tick)       Net monthly salary       Monthly Installment from the salary       Standing order

On or before the due date of the Loan Installment every month to the credit of my/our account with the Bank.

I/We authorize the Bank to obtain a report about my/our commercial activities or commercial credit worthiness from a business / institute which provides this information. I/We understand this information may be used to assess my/ our application for credit and/or my/our credit worthiness, to assist me/us to avoid default and to notify other credit providers of my / our default.

I/We undertake to ensure that the aforesaid instruction is complied by my / our current employer until the loan together with interest, fees or any other charges are settled in full.

Subject to the above limitations, I/We undertake to irrevocably instruct any prospective employer/s in the event of any movement from my/ our current employer to remit the net monthly salary to my/our accounts with the Bank on or before the due date of the loan Installment every month. I/We undertake to ensure that my/our instructions are complied with by such prospective employer/s until the full settlement of any outstanding amount of the said loan, interest and fees.

Notwithstanding the instructions to my/our current employer and any prospective employer/s to remit the net monthly salary, monthly installment from the salary or standing order, I/We hereby acknowledge that the onus to provide adequate funds in order to meet the debt servicing obligation is on me/us.

I/We further request the Bank to debit my account/s and settle all dues in respect of the loan facility/ ies granted by the under mentioned Bank/s and/or financial institution/s and credit the respective account/s in case of a takeover.

I/We hereby authorize the Bank to close my Current/Savings account in the event of the loan being rejected (Please tick)       Yes       No

\_\_\_\_\_  
Name & Address of the Bank / Financial Institution

\_\_\_\_\_  
Name & Address of the Bank / Financial Institution

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Account Numbers/s:

\_\_\_\_\_  
Account Numbers/s:

\_\_\_\_\_  
Signature of Joint Applicant

\_\_\_\_\_  
Date: \_\_\_\_\_

## Authority and Indemnity

For all accounts opened in my/our name (s) .....  
I/we hereby request agree with and authorize the Bank, notwithstanding the terms of any mandate already given, to rely and act on any instructions given by me/us over the phone, e-mail or any other similar means (strictly excluding any instructions by fax to which the Bank shall bear no responsibility to respond).

I/We confirm that :

- (i) I am aware that transmission of instructions through phone, e-mail or any other similar means involves a high number of risks including fraudulent alterations and incorrect transmission and absence of confidentiality.
- (ii) The Bank is authorized to act on the instructions which the Bank in its sole discretion believe emanate from me/us and the Bank shall not be liable for acting in good faith on any such instructions.
- (iii) The Bank may deem instructions given by me/us or purportedly by me/us as conclusive and act without inquiry
  - a) As to the authority and/or identity of the person making or purporting to give such instructions or authenticity of any signature except that the Bank will verify the name and signature on the instructions with the specimen signatures provided to the Bank as per the mandate.
  - b) Regardless of the circumstances prevailing at the time of communicating such instructions.
- (iv) The Bank is not bound to act in accordance with the whole or any part of the instructions and may defer, at its discretion, acting upon it.

In consideration of the Bank acting in terms of this authorization, I/We irrevocably undertake to indemnify and to keep the Bank indemnified and hold it harmless from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against the Bank or suffered or incurred by the Bank and which shall have arisen either directly or indirectly out of or in connection with the Bank having acted on such instructions referred to above. I/We accordingly authorize the Bank to debit my/our account(s) with the Bank all sums of money payable by me/us to the Bank in this regard or in the alternative to treat it as a claim due and owed from me/us to the Bank.

I/We understand that the above facility could be revoked or withdrawn at any time at the discretion of the Bank without assigning any reason.

This authority and indemnity shall be subject to the jurisdiction of the courts of Sri Lanka and be governed by the laws of Sri Lanka.

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

### Central Bank of Sri Lanka

#### Declaration by the Applicant/s for Electronic Funds 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.....  
(Basic Cardholder / Supplementary Cardholder),

.....  
(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 conditions imposed under the provision of the **Foreign Exchange Act, No. 12 of 2017** (the Act) on Electronic Fund Transfer Cards (EFTCs) which has also been explained by the Bank, 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 Standard Chartered Bank 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 grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on EFTC issued to me/us and 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 Standard Chartered Bank, if I/We migrate or leave Sri Lanka for employment abroad, as applicable.

DD.MM.YYYY

Signature of Primary Cardholder

Signature of Supplementary Cardholder

I, as the Authorized Officer have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bone-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 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.

DD.MM.YYYY

Signature of the Authorized Officer

## Foreign Account Tax Compliance

I /We hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I/We hereby consent for Standard Chartered PLC or any of its affiliates (including branches) (collectively "the Bank") to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that the Bank may withhold, and payout, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/We have provided to the Bank.

Main Accountholder "A"

Joint Accountholder "B"

## 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.

Main Accountholder "A"

Joint Accountholder "B" /  
Supplementary Credit Cardholder

Signature verified  
in all pages