

Declaration Made to the Controller of Exchange Sri Lanka

To: The Controller of Exchange

I/We (Primary Cardmember/
Supplementary Cardmember),.....
(Primary Cardmember/ Supplementary Cardmember) 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 Exchange Control Act in the Notice published in the
Extraordinary Gazette No: 1411/5 of 19th September 2005 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 Nations Trust
Bank PLC may require for the purpose of Exchange Control Act.

I/We also affirm that I/we undertake to surrender the Credit Card/s to
Nations Trust Bank, if I/we migrate or leave Sri Lanka for employment
abroad.

I/We am/are aware that the Authorized Dealer 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 the EFTC issued to me/us.

Card Type	Joining Fee	Annual Fee
Blue (Primary)	Rs. 300	Rs. 800
Blue (Supplementary)	Rs. 500	Rs. 500

I have read and understood the above declaration.

.....
DD.MM.YY

.....
Signature of the Primary Cardmember

.....
DD.MM.YY

.....
Signature of the Supplementary Cardmember

Declaration by Authorized Officer of Nations Trust Bank PLC.

I, (Name of the officer) have carefully examined the information together with relevant documents submitted by (Name of the Cardmember/s) and satisfied myself that the said information and document are in conformity with Exchange Control requirements and the internal policies of the Bank. The Bank undertakes to exercise due diligence on the transactions carried out by the Cardmember 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 given by the Cardmember and to bring the matter to the notice of the Controller of Exchange.

.....
DD.MM.YY

.....
Signature of the Authorized Officer
on behalf of the Bank

Declaration

This declaration is made to the Nations Trust Bank PLC: By signing below, I/we request that an account(s) be opened for me/us and American Express Credit Card (s) issued as I/we request and that you renew and replace them until I/we surrender my/our right to use the card(s) by cutting the Credit Card(s) into 4 pieces and returning all 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 terms and condition of the Credit Card Member Agreement, ATM and other account terms and conditions issued by the Nations Trust Bank PLC and I/we further agree to accept and bound by the terms and conditions of the Credit Card Member Agreement issued by the Naitons Trust Bank PLC, a copy of which will be sent to me/us with my/our Credit Card(s), on the approval of this application, I/We specifically agree that I/We shall not use the American Express Credit Card(s) issued to me/us and shall return the said cards properly destroyed as aforesaid in the event of any of the terms and conditions in the Credit Card Member Agreement being unacceptable to me/us. I/We agree to be liable jointly and severally for all charges to the basic/principal and supplementary/additional card(s) issued on my/our request. In addition, its Supplementary Cardmember will be bound by the conditions of the Credit Card Member Agreement received with the card and will be liable for all charges to the account. I/We hereby to accept any changed, amended, revised and/or newly introduced terms and conditions by the Nations Trust Bank PLC from time to time in future, relating to Credit Card(s), and/or supplementary Credit Cards. I /we agree that the usage of the Cards signifies acceptance of all the terms and conditions governing the use of the Card. I/we agree that my/our Cash Advance Limit will be not more than 50% of my/our permanent credit limit.

I/We am/are aware that deposits or transfers to my/our Credit Card account or temporary limit increases will not increase my Cash Advance Limit. I/We am/are aware that certain ATM machines/bank/counter restrictions may apply to usage of my/our Credit Card(s) in Sri Lanka and overseas.

I/We am/are aware that the bank may change my corresponding address, if delivery cannot be made to my/our preference. Also, I/we further authorize the bank to use my/our personal information with American Express Entities for marketing and operational matters. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Credit Cards will be issued at the sole discretion of the bank.

I have read and understood the above declaration.

.....
DD.MM.YY

.....
Signature of the Primary Cardmember

.....
DD.MM.YY

.....
Signature of the Supplementary Cardmember