Declaration

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 it/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 used subject to the terms and conditions of the Credit Cardmember Agreement, ATM and other account terms and conditions issued by the Nations Trust Bank PLC and I/we further agree to accept and be bound by the terms and conditions of the Credit Cardmember Agreement issued by the Nations Trust Bank PLC, a copy of which will be sent to me/us vvith my/our Credit Card(s), upon the approval of this application. I/We agree to be bound by all the conditions stated in "The Conditions of Use", I/We agree 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 my/our Cash Advance Limit will be not more than 50% of my/our permanent credit 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.

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 acknowledge that if my request for a Supplementary Credit Card is approved the Supplementary Cardmember may select his/her own Personal Identification Number (PIN) and be able to access electronically any of the accounts which I am able to access electronically. This includes accounts for which I have already made or may later make arrangements to access electronically. I also understand that as the existing Primary Cardmember, I will be jointly and severally liable for all transactions made on the account by any Supplementary Cardmember.

I, the Supplementary Card applicant agree, to be jointly and severally liable for all transactions processed by the use of the Card(s) applied for and issued by Nations Trust Bank PLC to the Primary Card applicant and or myself and to be bound by all the terms and conditions of the Bank's Credit Card Agreement which accompanies the Card.

To the Controller of Exchange: I declare that all details given by me in this form are true and correct and I undertake to use my International Electronic Funds Transfer Card/Credit Card/Debit Card(s) abroad and solely within the limit authorized by and affirm that it will not be used to purchase goods in commercial quantities and for capital transactions. I also undertake to surrender the International Electronic Fund Transfer Card/Credit Card/Debit Card(s) to Nations Trust Bank PLC if I migrate or leave Sri Lanka for employment abroad.

I/We have read and understood the above declaration	on.	
Signature of the Primary Card applicant	Date	
Signature of the Supplementary Card applicant	 Date	

Please complete this application in full and submit it together with a copy of your NIC/Passport. Insufficient information may cause delay in processing your application.

Declaration by Authorized Officer of Nations Trust Bank PLC.

I, (Name of the officer)	have
carefully examined the inf	ormation together with relevant documents
submitted by	(Name of the
Cardmember/s) and satisf	ied myself that the said information and
document are in conformity	with Exchange Control requirements and the
internal policies of the Ba	ank. The Bank undertakes to exercise due
diligence on the transaction	ns carried out by the Cardmember on his/hei
EFTC in foreign exchange	and to suspend the availability of foreign
exchange on the EFTC if	reasonable grounds exist to suspect that
unauthorized foreign exchai	nge transactions are being carried out on the
EFTC in violation of the ur	ndertaking given by the Cardmember and to
bring the matter to the notice	e of the Controller of Exchange.
DD.MM.YY	Signature of the Authorized Officer
	on behalf of the Bank

Declaration Made to the Controller of Exchange Sri Lanka

To: The Controller of Exc	change		
Supplementary Cardme (Primary Cardmember/	mber),Supplementary Cardn ne/us on this form are tru	 nember) d	eclare that all
under the Exchange Extraordinary Gazette N	at I/we am/are aware o Control Act in the N o: 1411/5 of 19th Septem or transactions in foreign e said conditions.	Notice pub nber 2005 s	olished in the ubject to which
by me/us in foreign exch	ovide any information on ange on the Card issued rethe purpose of Exchang	to me/us a	s Nations Trust
	we undertake to surrer I/we migrate or leave S		
availability of foreign e	t the Authorized Deale xchange on EFTC if rea ed foreign exchange tran o me/us.	ısonable gı	ounds exist to
I have read and unders	stood the above declara	ation.	
DD.MM.YY	Signature of the Primary	y Cardmem	ber
DD.MM.YY	Signature of the Supple	 mentary Ca	ırdmember