



SINHAPUTHRA

FINANCE PLC,

11, Hill Street Kandy, Sri Lanka.
Tel: +94 81 555 5555 Email: info@sinhaputhra.lk

Customer Authorization Form for Credit Card Transactions

This form based on an individuals requirement may be used to: Open a Sinhaputhra Fixed Deposit, a Sinhaputhra Savings Account, Credit money periodically or on a one time basis to any account at Sinhaputhra Finance Limited or make a payment to a selected individual, organization or company resident in Sri Lanka through your Credit Card by incurring a facility fee of just 2% based on the transaction.

Credit card Type:	VISA / MASTER
Issuing Bank:	
Card Number:	<input type="text"/>
Expiry date:	MM / YYYY

Amount in LKR	Rs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initial date to charge:	DD/MM / YYYY												

Subsequent credits (Y/N):

If Yes, please specify frequency:

(Ex: 15th of each month, First Monday of each month, every two months on the 15th etc)

End charging my card on: DD/MM / YYYY

Charge my card as above on account of

Requirement	If chosen (Tick)	Reference Number (if available)
Opening a new Sinhaputhra Fixed Deposit account		
Opening a new Sinhaputhra Savings account		
Depositing money into a Sinhaputhra Savings account		
Payment towards my facility Taken		
Payment towards a 3 rd party account or give recipients full details (Name, ID#, Address, Phone, e-mail, etc) for us to Contact		

My Details are as follows:

Last Name:	<input type="text"/>	E-mail	<input type="text"/>
First names:	<input type="text"/>	Mobile	<input type="text"/>
Address (Sri Lanka)	<input type="text"/>	Land Phone	<input type="text"/>
Address other	<input type="text"/>	ID/Passport #	<input type="text"/>

I affirm that the above was filled by me as per my wishes and the company may contact me for further verification if necessary.

Your signature:

Please fax to: +94 81 223 9064
(secured confidential fax line)

and mail to: The Accountant,
Sinhaputhra Finance PLC, 11,
Hill Street Kandy, Sri Lanka.

www.sinhaputhra.lk