

Date _____

Name of the Applicant
Address of the Applicant

Manager,
Amāna Bank,
_____ Branch

Dear Sir/Madam

Request for the Enrollment of Card Online Usage

I/We(name in full) bearer of NICand
..... joint accountholder(name in full) bearer
of NIC..... hereby authorize and request Amāna Bank PLC to activate online usage for the Debit Card issued to the
below mentioned customer identification number and hereby I agree to be bound by the terms & conditions of.

- 1) The Bank's updated General Business Conditions as at March 2020, which has been shared with me and I am also able to access same through the Banks Website www.amanabank.lk
- 2) The Bank's Email Indemnity Conditions and the Conditions of Online Transaction Enrollment which has been shared with me, which I have read, understood and agreed.

CIF Number	Card Number

Please register my E-mail address:

Please assign me the below limit profile. (Limit category should be selected from the below table)

Please assign me the below limit profile. (Limit category should be selected from the below table)

Category	ATM Withdrawal Limit	POS Limit	Online Limit	No Txn

LIMIT PROFILE					
Category	ATM Withdrawal Limit	POS Limit	Online Limit	No Txn	Select
Level 1 (Default)	100,000/-	100,000/-	25,000/-	10	<input type="checkbox"/>
	100,000/-	100,000/-	50,000/-	20	<input type="checkbox"/>
Level 2	150,000/-	250,000/-	100,000/-	10	<input type="checkbox"/>
	150,000/-	250,000/-	125,000/-	20	<input type="checkbox"/>
Level 3	200,000/-	500,000/-	125,000/-	10	<input type="checkbox"/>
	200,000/-	500,000/-	250,000/-	20	<input type="checkbox"/>
Level 4	250,000/-	500,000/-	125,000/-	10	<input type="checkbox"/>
	250,000/-	500,000/-	250,000/-	20	<input type="checkbox"/>
Level 5	250,000/-	1,000,000/-	250,000/-	10	<input type="checkbox"/>
	250,000/-	1,000,000/-	500,000/-	20	<input type="checkbox"/>

Thank you

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Signature of the account holder/s