

SEYLAN "THILINA SAYURA" PRELIMINARY APPLICATION
PLEASE FAX TO NO. 0094112421597 OF SEYLAN BANK SRI LANKA

TO BE FOLLOWED BY THE ORIGINAL APPLICATION

BRANCH	
ACCOUNT NO.	
OVERSEAS ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	

CATEGORY OF CLAIM

- | | | |
|--|--|--|
| 1) SURGERY <input type="checkbox"/> | 2) EDUCATIONAL MERITS <input type="checkbox"/> | 3) WINNING AN INTERNATIONAL
EVENT SPORTS /ARTS/DRAMA/MUSIC <input type="checkbox"/> |
| 4) MARRIAGE <input type="checkbox"/> | 5) COMPLETION /PURCHASE
OF A HOUSE <input type="checkbox"/> | 6) EMERGENCY AIRFARE <input type="checkbox"/> |
| 7) DEATH OF A FAMILY MEMBER <input type="checkbox"/> | 8) CHILD BIRTH <input type="checkbox"/> | |
| 9) HOLIDAY PACKAGE <input type="checkbox"/> | 10) ENROLLMENT FEE <input type="checkbox"/> | |
| 11) LOST BAGGAGE COVER <input type="checkbox"/> | 12) FOREIGN EMPLOYMENT BUREAU
REGISTRATION CHARGES <input type="checkbox"/> | |

DETAILS OF CLAIM

DETAILS OF CONTACT PERSON IN SRI LANKA FOR DETAILS / SUPPORTING DOCUMENTS ETC

NAMERELATIONSHIPTEL NO.....

ADDRESS.....

SIGNATURE

**SEYLAN BANK “THILINA SAYURA” APPLICATION FOR REWARDS
EDUCATIONAL / INTERNATIONAL ACHIEVEMENT**

Branch

Date

Name of Account Holder / Patient (Mr. / Ms / Dr. / Rev) :

Address :

Account No:

Passport No.

Category of claim (please tick)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Year 5 Scholarship | <input type="checkbox"/> Sports |
| <input type="checkbox"/> G.C.E. Ordinary Level | <input type="checkbox"/> Arts |
| <input type="checkbox"/> G.C.E. Advance Level | <input type="checkbox"/> Music..... |
| | <input type="checkbox"/> Drama..... |

Rank obtained

Details of non educational achievements

District

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Certified by relevant authority (Department of Education / Director of education /Association / Institution / Governing body)

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Signature of Account holder

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Signature of relevant authority with seal