

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 “THILINA SAYURA”

APPLICATION FOR GRANT ON ACCOUNT DEATH OF ACCOUNT HOLDER / IMMEDIATE FAMILY MEMBER

1. ACCOUNT NUMBER

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2. NAME OF AC. HOLDER

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3. NAME OF DECEASED

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(In case of the grant being requested for an immediate family member’s death)

4. NAME OF CLAIMING PARTY

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(In the case of customer’s death)

5. CAUSE OF DEATH & DATE

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(Please attach a certified copy of Death Certificate)

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Signature of account holder / family member