

**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<br>EVENT SPORTS /ARTS/DRAMA/MUSIC <input type="checkbox"/> |
| 4) MARRIAGE <input type="checkbox"/>                 | 5) COMPLETION /PURCHASE<br>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<br>REGISTRATION CHARGES <input type="checkbox"/> |  |

**DETAILS OF CLAIM**

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

NAME .....RELATIONSHIP .....TEL NO.....

ADDRESS.....

SIGNATURE .....



**Documents to be attached**

- Photocopy of Diagnosis Card certified by the Branch Manager
- Detailed bills/ receipts issued from the hospital
- In case of cataract surgery a bill indicating the cost of lens ( only the cost of lens would be reimbursed under the scheme for cataract surgery)

Claim should be submitted within 2 months of the incident.

Only one application can be submitted for any one event irrespective of the number of accounts held by the account holder individually or jointly.

If the claim is for an immediate family member documentary evidence ( Birth Certificate , Marriage Certificate ) should be submitted.

If the beneficiary of the claim is a parent or an unmarried brother or sister a letter from Grama Niladari confirming marital status of account holder should be submitted in addition to the above.

Only one claim will be met under any one category during a 365 days period.

Please note that the reimbursement will only for surgical expenses and not for medical expenses.

I have fulfilled the eligibility criteria under the “Thilina Sayura” scheme and wish to submit my application under the above category.

I confirm that this is the only application that I have submitted under this category.

.....  
Signature of Account Holder

.....  
Date

\*Immediate family members

**If the customer is married - Spouse and Unmarried Children below 18 years**  
**If the customer is married - Parents, Unmarried Brothers and Sisters below 18 years**