

REQUIREMENTS TO PROVIDE SPECIAL APPROVAL TO PAYMENT CARD TRANSACTIONS

Name: _____

NIC Number: _____

1. Details of the transaction. (Invoice, Email conversations, Screen prints, etc.) From which, the following could be clearly established;

- Transaction amount : _____
- Beneficiary of the transaction : _____
- Merchant name : _____
- Purpose : _____

If the beneficiary is not the cardholder, please attach documents in order to establish the relationship with the cardholder;

Eg. Marriage certificate, birth certificate of the children, birth certificate of the cardholder etc.

- Relationship : _____

2. Amount to be deposited to the card : _____

3. Source of funds : _____

In order to obtain the clearance from the Card Center Risk department, above details should be forwarded along with the NIC number of the cardholder to the email address **card_aml@sampath.lk** and copy the same to **card_risk.exe@sampath.lk**, **evana@sampath.lk**.

Please contact 011 2300604 after providing the above mentioned documents.