

**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 , cardriskofc@sampath.lk

Please contact 011 2300604 after providing the above mentioned documents.