

WALLETGUARD

INSURANCE APPLICATION FORM

Card No:

Cardmember name:

Address (if changed):

Contact No:

I have read and understood the terms and conditions of WALLETGUARD insurance cover and agree to pay for the annual premium with my American Express Credit Card. I request that you renew the cover yearly until I request otherwise in writing.

.....
DD.MM.YY

.....
Signature

Return completed application form to any NTB Branch or:
Nations Trust Bank PLC - c/o Card Operations
256, Srimath Ramanathan Mawatha
Colombo 15

WALLETGUARD Protection

PERSONAL CARDS

DESCRIPTION OF COVERS	ANNUAL LIMIT PER CARD ACCOUNT			
	SriLankan Airlines Platinum American Express® Credit Card (LKR)	American Express® Gold Credit Card (LKR)	American Express® Credit Card (LKR)	Blue American Express® Credit Card (LKR)
Credit card fraud resulting from loss of credit card	Up to 550,000 or claim, whichever is less	Up to 350,000 or claim, whichever is less	Up to 200,000 or claim, whichever is less	Up to 75,000 or claim, whichever is less
Loss of keys along with credit card	5,000	5,000	5,000	5,000
Loss of passport/NIC/driving license along with credit card	10,000	10,000	10,000	10,000
Loss of SIM card along with credit card	1,000	1,000	1,000	1,000
ATM cash loss	20,000	20,000	10,000	5,000
Accidental medical cover due to hold - up following withdrawal of cash from ATM	30,000	25,000	20,000	15,000

WALLETGUARD Premium

CARD TYPE	ANNUAL PREMIUM
SriLankan Airlines Platinum American Express® Credit Card	Rs. 1,500.00
American Express® Gold Credit Card	Rs. 1,200.00
American Express® Credit Card	Rs. 1,000.00
Blue American Express® Credit Card	Rs. 700.00