LankaClear (Pvt) Ltd

LankaSign API Request Form
Form No: API 01 _ Ver 1.3

1. Request Type	☐ New integration	☐ Use of existing app
2. Dev. Environment	☐ UAT ☐ Live	

3. Application Details

Generic App Name:*(only for existing app)*	
App Provider Name:*(only for existing app)*	
App Name:	
Package Name (Android):	
FCM URL	
Sender ID	
Server Key	
Package Name (IOS):	
Auth Key (Attachment)	
Bundle ID	
Key ID	
Team ID	

4. Organization/Entity Information

Organization Name:	
Organization BRC No:	
Organization Address:	
Contact Person Name:	
Contact Person Email:	
Contact Person Mobile:	

(Submit a certified copy of the BRC)

5. DECLARATION

I hereby certify that all the information provided in this Application Form is correct to the best of my knowledge.

……………………………
Signature of Approving Officer

Date (YYYY/MM/DD):
Approver Name:
Approver Designation:
Approver NIC:
Organization Seal:

Your Trusted
Payment Network