Edc/Maestro CARD ISSUANCE AGREEMENT

: Agreement Number

Please print and mark (x) where necessary.

CARD ACCOUNT HOLDER / CARD USER INFORMATION

First Name

Second Name

Date of birth
DD // MM // YYYY

Mother's maiden name (will be used as a password)

First Name and Second Name on the Card (Latin letters)

Passport or another ID document:
Number

Issued on: DD // MM // YYYY

Country

Personal code (where applicable

Residence address:
Street address

City

Country

Postal Code

Home telephone
Area Code

Local number

Number of years that you have resided there:

Statements to be sent:
By mail ☐ Through the Client Bank Software ☐ By email ☐ By fax (extra paid service) ☐

Email address to deliver the statements:
@
(no confidential delivery of info guaranteed)

Mail delivery adress: Street address

City

Country

Postal Code

Fax number

(Fax delivery are charged per page subject to the bank's currently valid fees)

EMPLOYMENT INFO (optional)

Company name:

Street address

City

Country

Post

Work Phone:

Area Code

loca

Principal activites of the company

Applicant position

Employed si
/

I hereby confirm that I am of age and t
information is exact to my best knowle
read the edc/Maestro Card Issuance A
and Card Use Rules and undertake to
its terms. I undertake to promptly infor
on all changes of data presented in thi

Card Account Holder/
Card User Signature

Sig

FOR OFFICE USE ONLY

Resolved to issue:
Card(s) with Account Holder number:

Category:

Account terms:

Minimum balance:

Special terms:

Bank officer signature

Date

After completion, please fax this form to:
United States: 1 (413)702-1131
Great Britain: From outside Britain: +44
From within Britain: 0870
Singapore 65 837 0928