

APPLICATION OF PAYMENT CARD ISSUANCE FOR INDIVIDUALS

 MAESTRO

 MC STANDARD

 MC GOLD

Before filling in the application, please study terms and conditions of the agreement and the applicable fees of SC "Citadele" bankas. Your personal information will be strictly confidential. The application should be completed in capital letters.

CARDHOLDER INFORMATION

Name, family name	<input type="text"/>		
Name, family name on the card	<input type="text"/>		
Birth date	<input type="text"/>	Personal code	<input type="text"/>
Passport No.	<input type="text"/>	Issuing authority	<input type="text"/>
Date of issue	<input type="text"/>	Password for telephone communication (e.g. mother's maiden name)	<input type="text"/>
Home address	<input type="text"/>		
Home phone No.	<input type="text"/>	Mobile phone No.	<input type="text"/>
E-mail	<input type="text"/>		
Monthly statement receipt	to home address <input type="checkbox"/> collection at the Bank <input type="checkbox"/> by e-mail <input type="checkbox"/> to another address <input type="checkbox"/>		
Another address for statement receipt	<input type="text"/>		
You are	employed <input type="checkbox"/>	enterprise owner <input type="checkbox"/>	pensioner <input type="checkbox"/>
	student <input type="checkbox"/>	secondary school student <input type="checkbox"/>	unemployed <input type="checkbox"/>
other	<input type="text"/>		

INFORMATION ABOUT EMPLOYMENT

Company name	<input type="text"/>	Phone No.	<input type="text"/>
Position	<input type="text"/>	Fax No.	<input type="text"/>
Address	<input type="text"/>	Employed since	<input type="text"/>

FINANCIAL INFORMATION

Monthly income after tax	<input type="text"/>	You are	house owner <input type="checkbox"/>	apartment owner <input type="checkbox"/>	living with parents <input type="checkbox"/>
			tenant <input type="checkbox"/>		

INFORMATION ABOUT SUPPLEMENTARY CARDHOLDER

If you want to have a supplementary Payment card to be used by a member of your family or another person (over 16 years of age), please, complete the following information:

Name & family name	<input type="text"/>		
Name & family name on the card	<input type="text"/>		
Birth date	<input type="text"/>	Personal code	<input type="text"/>
Passport No.	<input type="text"/>	Issuing authority	<input type="text"/>
Date of issue	<input type="text"/>	Password for telephone communication (e.g. mother's maiden name)	<input type="text"/>

I hereby **CERTIFY** that the information given herein is true and accurate. I hereby undertake the following provisions of the Citadele bank payment card agreement.

Supplementary card No. and PIN code received:

Name, family name of supplementary Cardholder

Signature _____

Date

APPLICATION

PLEASE open a Payment card account in LTL in EUR in USD and assign a credit line of

to the Card account (in the selected Card account currency).

*I hereby **CERTIFY** that the information given in this application is complete and true. I undertake to immediately inform of any changes related to the information given herein.*

*I **UNDERTAKE** to pay all charges for the Payment card and for the supplementary card as fixed in the pricelist approved by the Bank.*

*I **AUTHORISE** the Bank to debit my Card account with all expenses related to Payment card holding, including the charges for issuance of the Payment card and the account administration fees. If for any reason whatsoever my Card account should be overdrawn, I entitle the Bank, by other than dispute procedure, to withhold the overdrawn amount from my other Bank accounts, and I undertake to indemnify the Bank against the losses made. Should my other bank accounts have zero balances, my debt to the Bank shall be covered in the procedure set in the laws of the Republic of Lithuania.*

*I **CERTIFY** that I have studied provisions of the Card Agreement, the Credit Agreement, if applied, and am committed to follow them.*

Name, family name

Signature _____

Date

Payment card No. and PIN code received

Name, family name of Cardholder

Signature _____

Date

FOR BANK STAFF ONLY

Branch office of SC "Citadele" bankas

The application form accepted by

Position of the Bank employee

Signature _____

Name, family name

Date

The application to be applied rejected

initial payment

deposit

credit

number of cards issued

Decision made by

Position of the Bank employee

Signature _____

Name, family name

Date

Place for seal