

APPLICATION OF MASTERCARD VIRTUAL CARD ISSUANCE

Before filling in the application, please study terms and conditions of payment card agreement of SC "Citadele" bankas and the applicable fees. 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 / EDUCATION ESTABLISHMENT	
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"/>

OPTIONS	
<input type="checkbox"/>	I would like to receive MasterCard Virtual card with the account to be opened:
<input type="checkbox"/>	in LTL <input type="checkbox"/> in EUR <input type="checkbox"/> in USD
<input type="checkbox"/>	linking it with Citadele bank MasterCard card No. <input type="text"/>
<input type="checkbox"/>	I would like to receive MasterCard Virtual and Maestro cards, with their accounts:
<input type="checkbox"/>	to be linked and opened: <input type="checkbox"/> in LTL <input type="checkbox"/> in EUR <input type="checkbox"/> in USD
<input type="checkbox"/>	to be separated, including: MasterCard Virtual account opened: <input type="checkbox"/> in LTL <input type="checkbox"/> in EUR <input type="checkbox"/> in USD
	Maestro account opened: <input type="checkbox"/> in LTL <input type="checkbox"/> in EUR <input type="checkbox"/> in USD

APPLICATION

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 hereby **CERTIFY** that I have studied the provisions of the Bank Payment Card Agreement, and am committed to follow them.

Name, family name

Signature

Date

I've received MasterCard Virtual Card No.

:

I've received Maestro Card No.

and the PIN code:

Name, family name

Signature

Date

FOR BANK STAFF ONLYBranch office of
Citadele bank**The application form accepted by**Position of the
Bank employee

Name, family name

Signature

Date

The application to be applied rejected initial
payment

deposit

credit

number of
cards issued**Decision made by**Position of the
Bank employee

Name, family name

Signature

Date

Place for seal