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LATVIJAS TIRDZNIECĪBAS BANKA

APPLICATION
FOR THE OPENING OF A CARD ACCOUNT AND CARD ISSUANCE

No. _____

_____ Place LL LL LLLL Date

PLEASE USE BLOCK LETTERS ONLY AND MARK (X) WHERE APPROPRIATE

CLIENT

First name .....
Last name .....
Personal code .....
Passport number .....
Passport's issuing country and authority .....
Home address:: .....
(street, city, country, postal code)
.....

Contact details:
Home phone .....
Mobile phone .....
E-mail: .....
Mothers maiden name (will be used as password)
.....
First name and Last name to be embossed on the card (Latin letters only)
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CLIENT INFORMATION

Employer name .....
Employer adress .....
(street, city, country, postal code)
.....

Position .....
Work phone .....
Avarage income (per month) .....
Estimated turnover .....

WAY OF RECEIVING STATEMENTS

I wish to receive my Account Statement:

Language: English ☐ Latvian ☐ Russian ☐

By mail * ☐ *By e-mail* ☐ At the bank ☐ Via Internetbank *Stream* ☐

E-mail .....

* Extra charged service in accordance to Price list

At other address
.....
(street, city, country, postal code)
.....
.....

ADDITIONAL CARDHOLDER

The client authorizes the Bank to issue a Client's Card to the Additional Cardholder:

First name .....
Last name .....
Personal code .....
Passport number .....
Passport's issuing country and authority .....
Home address:: .....
(street, city, country, postal code)
.....

Contact details:
Home phone .....
Mobile phone .....
E-mail: .....
Mothers maiden name (will be used as password)
.....
First name and Last name to be embossed on the card (Latin letters only)
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CARD INFORMATION

Type of the card: Maestro ☐ MasterCard Standard ☐ MasterCard Gold ☐ MasterCard Virtual ☐

Card currency: USD ☐ LVL ☐ EUR ☐

Please allocate Credit limit .....
(amount, currency)

Security deposit .....
(amount, currency)

By debiting the account number .....

Please, not later than the third day of each month, replenish card Account to the minimal balance .....
(amount, currency)

By debeting the account Number .....

BANK ONLY

Card Account number .....
Comments .....

Authorized credit amount .....
Security deposit account number .....

SIGNATURES

I affirm I am Beneficial Owner of funds and that the card will not be used for a third party's interests. I affirm that we understand, agree ti, and will observe the Application and the Terms and Conditions (located on the backside of this application), and the Price list.

Client signature .....
Additional cardholder signature .....

Bank's employee signature .....
Date .....

Seal