

Request for Issuing Debit Card for Business Entity

Please fill in the necessary information accurately. Request for issuing Visa Business Debit Card shall be considered valid if the application is signed by the applicant.

Information on the Applicant - Business Entity

Name of the Business Entity (as indicated in the proof of registration or other respective document)*	
Tax number (OIB)*	Register Identification Number*
Number of IBAN account opened with Erste&Steiermärkische Bank d.d.** HR	

Authorized Representative

First and last name**	Tax number (OIB)**
I would like my PIN number and my card delivered to the Bank branch office (address) <input type="text"/>	

Authorized Card User data

a / First and last name**	
Tax number (OIB)**	Residential address (street name and number, zip code, place, state)**
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at points of sale amounts to 2.700,00 EUR****.</i> If you want to change your limit, please specify the amount <input type="text"/> EUR	
If you want to change the maximum number of transactions, please specify how many <input type="text"/> <i>The daily number of transactions at the points of sale amounts to 15 transactions.</i>	
I would like to arrange a cash withdrawal service at ATMs <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at the ATM amounts to 1.400,00 EUR.</i> If you want to change your limit, please specify the amount <input type="text"/> EUR	
If you want to change the maximum number of transactions, please specify how many <input type="text"/> <i>The daily number of transactions at the ATM amounts to 7 transactions.</i>	
I would like to disable contactless payments <input type="checkbox"/> YES <input type="checkbox"/> NO <i>By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.</i>	
Signature by the authorized card user	

Authorized Card User data

b / First and last name*	
Tax number (OIB)*	Residential address (street name and number, zip code, place, state)*
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at points of sale amounts to 2.700,00 EUR****.</i> If you want to change your limit, please specify the amount: <input type="text"/> EUR	

If you want to change the maximum number of transactions, please specify how many	<input type="text"/>	<i>The daily number of transactions at the points of sale amounts to 15 transactions.</i>
I would like to arrange a cash withdrawal service at ATMs:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>The daily limit for using the card at the ATM amounts to 1.400,00 EUR.</i>
If you want to change your limit, please specify the amount:	<input type="text"/>	EUR
If you want to change the maximum number of transactions, please specify how many	<input type="text"/>	<i>The daily number of transactions at the ATM amounts to 7 transactions.</i>
I would like to disable contactless payments	<input type="checkbox"/> YES	By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.
Signature by the authorized card user		

Authorized Card User data

c / First and last name**	
Tax number (OIB)**	Residential address (street name and number, zip code, place, state)**
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at points of sale amounts to 2.700,00 EUR****.</i>
If you want to change your limit, please specify the amount	<input type="text"/> EUR
If you want to change the maximum number of transactions, please specify how many	<input type="text"/> <i>The daily number of transactions at the points of sale amounts to 15 transactions.</i>
I would like to arrange a cash withdrawal service at ATMs	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at the ATM amounts to 1.400,00 EUR.</i>
If you want to change your limit, please specify the amount	<input type="text"/> EUR
If you want to change the maximum number of transactions, please specify how many	<input type="text"/> <i>The daily number of transactions at the ATM amounts to 7 transactions.</i>
I would like to disable contactless payments	<input type="checkbox"/> YES By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.
Signature by the authorized card user	

By signing this Request I hereby confirm that the information contained herein is true and that I accept the General Terms for issuing and using the Debit Card for Business Entity, which I have read and agreed to.

By signing this Request I hereby confirm that I accept the risk of damage due to inadvertent use of the card and that I am familiar with the security purpose of the card limit. By signing this Request, the Authorized User and the Authorized Representative of the Business Entity agree that the Debit Card for Business Entity may be collected by the Authorized User or the Authorized Representative of the Business Entity or by the Authorized Signatory related to the Account of the Business Entity linked to the issued Debit Card. If Debit Card is collected by the Authorized Representative or Authorized Signatory related to the Account of the Business Entity, both parties are hereby obliged to hand over the Card to an Authorized User, who is the only one authorized to use the Card. The Business Entity is obliged to provide the Debit Card to the Authorized User and he/she is responsible for all transactions and possible misuse that can occur prior to the Card being given to the Authorized User.

Information about data processing includes information on the procedures and purposes of processing personal data at Erste Bank and are located at the branch offices and on Erste Bank's web site. By signing this document, I certify I have read and understood Data Processing Information document prior to providing the data.

* **Mandatory data** is specified by regulations without which Erste&Steiermärkische Bank d.d. (hereinafter; Erste Bank) is unable to establish and/or maintain a business relationship, what is explained in details in the Data Processing Information document.

** **Business-conditioned data** is required to conclude and/or execute a business relationship with Erste Bank, e.g. certain contact information may be business-conditioned data, as explained in details in the Data Processing Information document.

*** **Contact information** is voluntarily provided to Erste Bank to fulfil its obligations of informing in a fastest and simplest way, as well as to provide any other notice and information on rights and obligations unless expressly prescribed or contracted otherwise by enforced regulation, and to deliver information/documents requested by the client.

**** **The specified limit** applies to contact and contactless purchases at sales points and online purchases.

Place and date	Signature of the authorized representative*
Receipt information (filled in by an employee of Erste Bank who identifies the authorized representative of the business entity)	
Date of receipt	Branch office of Erste Bank
Name, surname and signature of an employee of Erste banka	Applicant (First and last name)**