

APPLICATION FOR ISSUE AND USE OF BUSINESS CARD

Branch _____

Corporate Data

Corporate Name	
Corporate Name (in Latin, no more than 24 characters including spaces)	
Registered Address and Office:	
Registration Number	
Tax Identification Number	
Phone:	
Email:	
Website:	
MKD Payment Account Number	

■ Visa Business Debit Card

Cardholder

Cardholder

Full Name		
Full Name on the Card (in Latin, no more than 24 characters including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's Signature		

Cardholder

Cardholder

Full Name		
Full Name on the Card (in Latin, no more than 24 characters, including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's Signature		

MasterCard Business Credit Card and approval of credit limit in the mount of MKD _____

	Cardholder	Cardholder
Full Name		
Full Name on the Card (in Latin, no more than 24 characters, including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's signature		

	Cardholder	Cardholder
Full Name		
Full Name on the Card (in Latin, no more than 24 characters, including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's signature		

Delivery of Statements:

Permanent Address Correspondence Address E-banking Email

*The Bank reserves the right to include (any) active (one debit card for Business Smart Package / Micro 1 Package / Micro 2 Package / Micro 3 Package; one debit and one credit card for Business Superior Package) card of the corporate client, if applying for a package.

Business Card for Daily Turnover Deposit via Deposit Device

	Cardholder	Cardholder
Full Name		
Full Name on the Card (in Latin, no more than 24 characters, including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's signature		

	Cardholder	Cardholder
Full Name		
Full Name on the Card (in Latin, no more than 24 characters, including spaces)		
Address		
Phone		
Email		
ID Card / Passport Number		
PIN		
Date of Birth		
Cardholder's signature		

Corporate and Cardholder(s)' Consent

I/We hereby confirm that:

- The data provided is accurate and I will notify the Bank of any changes (including address data) within 7 working days of such change. Otherwise, any delivery by the Bank to the Client shall be deemed duly performed at the address stated in this Application;
- I consent that my personal data stated in this Application to be registered, processed and updated by the Bank, or by engaging a data processor, and to the transfer of personal data to other countries in accordance with applicable laws and the Bank's internal regulations within banking operations, as well as disclosure to authorised persons within the Bank or to third parties in all cases provided by law;
- I am aware and agree that the data collected and processed by the Bank for implementation of the service by completing this registration form may be transferred to other members of Erste Group and Steiermärkische Sparkasse;
- We are familiar with and fully accept all rights and obligations arising from the Sanctions and Embargo Policy Rules and Conditions;
- Prior to providing my personal data, I have been informed of my rights under the Law on Personal Data Protection, as set out in the Privacy Policy published on the Bank's website;
- We are familiar with and fully accept all rights and obligations arising from the General Terms and Conditions for Issuance and Use of the Visa Business Debit Card, the General Terms and Conditions for Issuance and Use of the MasterCard Business Credit Card, the Agreement for Issuance and Use of the MasterCard Business Card, as well as the Bank's Tariff, and accept all costs and liabilities incurred by the use of the cards;
- I acknowledge that the above data constitute a business secret in accordance with the Banking Law and other applicable regulations;
- The Bank reserves the right to request additional client data for the purpose of establishing the business relationship;
- The Bank reserves the right to cancel the business relationship with the client at any time;
- I am familiar with and fully accept the conditions for establishing a business relationship with the Bank.

Place and date

Full name of Manager

Signature of Manager and Company stamp

To be completed by the Bank:

Received and verified completeness of Application

Signature of authorised Bank officer and stamp

Dated
