

## Application for issuance of a Visa Business card

Please fill in this form in capital letters, and leave blank space between words. Please use blue or black pen, and in case of multiple choice questions, mark the correct answer with an X. Thank you for taking the time to fill in this form!

### Applicant's information

Name of the company:

Registration No.:

Taxpayer ID No.:

Customer's spending cap:  .

### Contact person

Name:

Taxpayer ID No.:

Position:

Correspondence address (for delivery of notices):

Street:  Number:

Postal code:  Place:

## Designated cardholders

Name:

Taxpayer ID No.:

Date of birth:

Mobile phone No.:

Spending cap:

Cash withdrawal cap\*:

Membership application No.\*\*:

### Card delivery:

by post, to the indicated address:

Post code:

Town:

to the branch (branch name):

### PIN delivery:

by post, to the indicated address:

Post code:

Town:

by SMS to the mobile number:

to the branch (branch name):

Signature

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Taxpayer ID No.:

Date of birth:

Mobile phone No.:

Spending cap:

Cash withdrawal cap\*:

Membership application No.\*\*:

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Post code:

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by post, to the indicated address:

Post code:

Town:

by SMS to the mobile number:

to the branch (branch name):

Signature

\* Daily cash withdrawal cap is set at EUR 600.00, and the standard daily spending cap is set at EUR 3,000.00.

\*\* To be filled in by the Bank.

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Date of birth:

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Post code:

Town:

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to the branch (branch name):

Signature

By signing this Application for issuance of a Visa Business card, I confirm:

- that I am aware of the General Terms and Conditions of Issuance and Use of the OTP banka d.d. Visa Business Card, which I accept by signing hereunder.

By signing below, the concerned corporate customer and its designated cardholders confirm and accept joint liability for any costs incurred by the use of the cards, and undertake to fully abide by the General Terms and Conditions of Issuance and Use of the OTP banka d.d. Visa Business Card.

### On behalf and for the account of the applicant, this application shall be signed by the authorised representative

Name:

Taxpayer ID No.:

Position/job:

Place and date:

Signature and stamp

\* Daily cash withdrawal cap is set at EUR 600.00, and the standard daily spending cap is set at EUR 3,000.00.

\*\* To be filled in by the Bank.

**To be filled in by the bank**

Business Centre:

Authorised representative:

Place and date: , ,

Signature and stamp

*The data processing principles and rules are provided for in the Data Protection Policy of the Bank, which is available on the Internet site of the Bank at [www.otpbanka.hr](http://www.otpbanka.hr) and in all the branches, at request of the data subject. Also, on the Bank's Internet site and in all the branches one can find detailed information about data collection and the information about data not obtained directly from the data subject.*