

Debit/Credit Card - Personal Application Form



Lombard Bank Malta p.l.c	<u>. </u>							
Credit Card Type:			MasterCard Debit Card					
Product Type:			Account Name:					
Floudet Type.			Please quote Branch Power type account/s:					
Credit Limit Requested:		Savings: Current:						
A. Applicant (Main Cardholder)		Personal Client No.:						
Title: Surname:			Forename:					
ID / Passport No.:		D.O.B.:			Nationality:			
Marital Status:		Sex:	Father's Name:					
Spouse's Name:			Mother's Maiden Surname:					
Maiden Surname (if app.):		Spouse Maiden Surname:						
Address: Postcode:								
Length of stay at this address:		Tel. Residence:	Wor	k Tel. No	Fax No.:			
Mobile No.:	Email:				CBM Code (for office use):			
No. of dependents:	DCS Inc	d.:		Hou	se Owner			
B. BANK DETAILS (TO BE FILLED IN BY THE APPLICANT)								
Type of Accounts held with Lombard	Bank:		Type of Accounts held with other Banks:					
☐ Current ☐ Savings ☐ Fixed	l	_oan	☐ Current ☐ Savings ☐ Fixed ☐ Loan					
C. EMPLOYMENT DETAILS (TO BE FILLED IN BY THE APPLICANT)								
Employer's Name:				Time I	Employed:			
Business Address:								
Occupation:	Tel. No.:	Email:						
D. SUPPLEMENTARY CARDHOLDS		Personal Client No.:						
Credit Card Type: Product Type:			MasterCar	MasterCard Debit Card				
Title: Surname:			Forename:					
ID / Passport No.:			Nationality:					
Address:					Postcode:			
Mobile No.:			Relation to Applicant:					
Marital Status:	Sex:		Occupation:					
E. OTHER CARDS HELD								
Other cards held: American Express MasterCard Visa Others								
If no, have you ever held any of these	e cards?							
F. FOR CREDIT CARDS ONLY - MONTHLY SETTLEMENT								
For monthly bills on credit cards you may debit account: and settle payment on a monthly basis as follows:								
☐ In Full (EOM) ☐ In Full (EOD) ☐ Minimum Payment ☐ Fixed Amount €								
G. DECLARATION								
I/We declare that all the above details are true and correct and I/we authorise enquiries to any of the above references for consideration of this application which I/we understand will be treated in the strictest confidence. I/We agree to abide with the terms & conditions of use appended to this application and as amended from time to time. A copy will be provided upon issue of the card/s and also shall be available upon request.								
Applicant's Signatur	Cardholder)	Sunnlementary Cardholder's Signature						

H. STATEMENT OF AFFAIRS IN THE	NAME OF:	(For Credit Cards Only)						
LIABILITIES	EURO	ASSETS	EURO					
Bank Overdraft		Balances with Banks						
Short Term Loans		Stocks & Shares						
Creditors		Debtors						
Other Amounts		Investments						
Owing (Income tax, arrears, etc)								
Long Term Loans		Properties						
		Other Assets						
SURPLUS		TOTAL ASSETS						
Applicant's Signature (Main Cardholder): FOR OFFICE USE								
MasterCard Credit Card Limit Recommended: €								
Bank Official: Name in blocks Credit Card Limit Recommended: Sig. of Bank Official & Date:								
For Credit Card Application: For MasterCard Debit CardApplicat For ATM use only For Deposits only	☐ Approved ☐ Declined	Branch Stamp						
T of Deposits offing	Signature of Authorising Office	uthorising Official & Date						
□ * Provided reason for Decline □ ATM Flag updated by CSD □ Customer has been informed by letter								