



LOMBARD

Lombard Bank Malta p.l.c.

Debit/Credit Card - Company
Application Form



<input type="checkbox"/> Credit Card Type:		<input type="checkbox"/> VISA Debit Card		<input type="checkbox"/> P.O.A	
Product Type:		Product Type:			
Credit Limit Requested:		Please quote Branch Power type account/s:			
		Primary:		Secondary:	
A. COMPANY DETAILS			Client No.:		
Name of Company:				Co. Reg. No.:	
Registered Address:					
Postcode:		Type of Business:		Date Est.:	
B. COMPANY'S BANK DETAILS			CBM CODE (for office use):		
Type of Accounts held with Lombard Bank:			Type of Accounts held with other Banks:		
<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Fixed <input type="checkbox"/> Loan			<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Fixed <input type="checkbox"/> Loan		
C. DETAILS OF MAIN CARDHOLDER ON BEHALF OF THE COMPANY			Client No. (Main Cardholder):		
Title:		Surname:		Forename:	
ID / Passport No.:		D.O.B.:		Nationality:	
Marital Status:		Gender:		Father's Name:	
Maiden Surname (if app.):		Mother's Maiden Surname:			
Personal Address:					
Postcode:		Tel. Residence:		Mobile No.:	
Personal email:			Fax No.:		DCS Ind.:
Business email:			Business Tel. No.:		Occupation:
D. SUPPLEMENTARY CARDHOLDER Client No.:			Client No. (Supplementary):		
<input type="checkbox"/> Credit Card Type:		<input type="checkbox"/> VISA Debit Card			
Product Type:					
Title:		Surname:		Forename:	
ID / Passport No.:		D.O.B.:		Nationality:	
Address:				Postcode:	
Mobile No.:		Tel. No.:		Personal email:	
Marital Status:		Gender:		Occupation:	
E. OTHER CARDS HELD					
Other cards held: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Others					
If no, have you ever held any of these 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:					
<input type="checkbox"/> In Full (EOM) <input type="checkbox"/> In Full (EOD) <input type="checkbox"/> Minimum Payment <input type="checkbox"/> 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 Name: _____ on behalf of _____ as per attached Board Resolution.					
Cardholder's Signature			Supplementary 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 (Company's Director): _____

FOR OFFICE USE



Credit Card Limit Recommended:



Bank Official: _____
Name in blocks

Sig. of Bank Official & Date: _____

For Credit Card Application: Approved Declined

Branch Stamp

For VISA Debit Card Application: Approved Declined

Signature of Authorising Official & Date

* Provided reason for Decline ATM flag updated by CSD

Customer has been informed by letter

* Company Cards are all issued flagged as DEPOSITS ONLY. If full services are required, this is to be supported by a Board Resolution.