



LOMBARD

Lombard Bank Malta p.l.c.

Debit/Credit Card - Personal
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. Applicant (Main Cardholder) Personal Client No.:

Title:	Surname:	Forename:	
ID / Passport No.:	D.O.B.:	Nationality:	
Marital Status:	Gender:	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:	Work Tel. No.:	Fax No.:
Mobile No.:	Email:	CBM Code (for office use):	
No. of dependents:	DCS Ind.:	<input type="checkbox"/> House Owner	<input type="checkbox"/> Tenant <input type="checkbox"/> Living with Parents

B. BANK DETAILS (TO BE FILLED IN BY THE APPLICANT)

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. EMPLOYMENT DETAILS (TO BE FILLED IN BY THE APPLICANT)

Employer's Name:	Time Employed:
Business Address:	
Occupation:	Tel. No.:
	Email:

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.:	Relation to Applicant:
Marital Status:	Gender:	Occupation:

E. OTHER CARDS HELD

Other cards held: American Express MasterCard VISA 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:

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.

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Applicant's Signature (Main Cardholder)	Supplementary Cardholder's Signature
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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



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

For ATM use only

For Deposits only

Signature of Authorising Official & Date

* Provided reason for Decline

ATM Flag updated by CSD

Customer has been informed by letter