Debit/Credit Card - Company Application Form

LOMBARD
Lombard Bank Malta p.l.c.

MasterCard
VISA

☐ Credit Card Type:	☐ MasterCard Debit Card
Product Type:	Account Name: Please quote Branch Power type account/s:
Credit Limit Requested:	Savings: Current:

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:
☐ Current ☐ Savings ☐ Fixed ☐ Loan	☐ Current ☐ Savings ☐ Fixed ☐ Loan

C. DETAILS OF MAIN CARDHOLDER ON BEHALF OF THE COMPANY | Client No. (for Credit Cards only):

Title:	Surname:	Forename:
ID / Passport No.:	D.O.B.:	Nationality:
Marital Status:	Sex:	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. (for Credit Cards only):

☐ Credit Card Type: Product Type:	☐ MasterCard Debit Card

Title:	Surname:	Forename:
ID / Passport No.:	D.O.B.:	Nationality:
Address:		Postcode:
Mobile No.:	Tel. No.:	Personal email:
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 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 Name: _____ on behalf of _____ as per attached Board Resolution.

Cardholder's Signature	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 (Company's Director): _____

FOR OFFICE USE

MasterCard   Credit Card Limit Recommended: € _____

VISA   Credit Card Limit Recommended: € _____

Bank Official:_____   Sig. of Bank Official & Date: _____
Name in blocks

For Credit Card Application: ☐ Approved   ☐ Declined

For MasterCard Debit Card Application: ☐ Approved   ☐ Declined

Branch Stamp

_____
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.