

Date \_\_\_\_\_

# BUSINESS CARD APPLICATION FORM

Client's name	Client's code																						
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**Please**

open a new business card account and issue card (-s)

issue business card (-s) to the card account No \_\_\_\_\_

## DATA ON THE CLIENT'S EMPLOYEES TO WHOM THE CARDS ARE ISSUED ON BEHALF OF THE CLIENT

<input type="checkbox"/> MC Business Debit Card	<input type="checkbox"/> MC Corporate Gold	<input type="checkbox"/> MC Corporate Classic	<input type="checkbox"/> with travel insurance																						
<input type="checkbox"/> MC Business Credit Card	<input type="checkbox"/> MC Corporate Platinum	<input type="checkbox"/> without travel insurance																							
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Client's signature \_\_\_\_\_ Bank's signature \_\_\_\_\_

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**CARD HOLDER**

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*E.g. +370 5 222 33 44*

Full name on the card (up to 22 characters)

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**CARD DELIVERY**

- bank branch       card delivery service\*

\_\_\_\_\_ *branch name*      \_\_\_\_\_ *street, house/apartment number, city, door code*

**Card recipient**

\_\_\_\_\_ *position, name, last name, phone number*

\* The service is only provided to clients who have submitted the Application using E-document module.

I hereby confirm that I am aware that the fee specified in the Pricelist will be applied after ordering the card delivery service, which will be credited from the Client's bank accounts, if needed, by converting funds present in them into euro according to the non-cash funds sales rate established by the Bank which is valid on the date of crediting the funds from the account(s). In case there are no funds for crediting the card delivery fee in the Client's bank accounts, the card delivery service will not be provided.

**CLIENT'S SIGNATURE**

We confirm that all the aforementioned information, including the information specified by the card owners, is thorough and correct. We also confirm that the card owners have signed this application to issue a business card (s) in front of the client's responsible person who has signed the application and that their identity has been established according to the valid personal identification documents. We assume all responsibility and undertake to compensate the losses and expenses incurred by the Bank if the information specified in the application appears to be incorrect.

**Client** \_\_\_\_\_ **Seal** \_\_\_\_\_

\_\_\_\_\_ *full name and signature*

**TO BE FILLED BY BANK**

**Danske Bank A/S Lithuania Branch**

**Branch** \_\_\_\_\_ **Section** \_\_\_\_\_

**Application accepted by** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ *full name, position and signature of employee*