



CLARIEN

VISA Corporate Card Application Form

BANK USE ONLY

CIF Number

Empty box for CIF Number

Company Name:

Cardholder(s) Information

Total credit limit of all individual cardholders cannot exceed total credit line of the Company. This page may be copied and attached for additional cardholders. ID is required for all cardholders.

Cardholder #1 Card Limit _____

Cardholder #2 Card Limit _____

Title: Mr. Mrs. Ms. Miss Other: _____

Mr. Mrs. Ms. Miss Other: _____

First Name: _____

Middle Name(s): _____

Last Name: _____

Date of Birth: (DD/MM/YYYY) _____

Phone | Mobile: _____

Email: _____

Type of ID: _____

ID Number: _____

Nationality: _____

Tax ID # (TIN): _____

Mother's Maiden Name: _____

Cardholder Signature(s): _____

Cardholder #3 Card Limit _____

Cardholder #4 Card Limit _____

Title: Mr. Mrs. Ms. Miss Other: _____

Mr. Mrs. Ms. Miss Other: _____

First Name: _____

Middle Name(s): _____

Last Name: _____

Date of Birth: (DD/MM/YYYY) _____

Phone | Mobile: _____

Email: _____

Type of ID: _____

ID Number: _____

Nationality: _____

Tax ID # (TIN): _____

Mother's Maiden Name: _____

Cardholder Signature(s): _____

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Authorised Contacts (Individuals who can inquire on transactions, balances and provide travel instructions for cardholders)

Name	Date of Birth (DD/MM/YYYY)	Contact Number #1	Contact Number #2

Authorised Signature(s)

The Applicant, acting pursuant to the attached Corporate Resolution and by authorised individual(s) signing below, represents and warrants that the statements made in the Application and the accompanying financial statements, and other submissions, are true and correct and are made to induce Clarien Bank Limited to grant credit. For the same purpose, the Applicant represents and warrants that no suits, judgements or legal claims of any kind are now pending against the Applicant or Cardholder(s) except as expressly stated herein or in the financial statements and other documents submitted herewith/or without other documentation. The Application will remain the property of the Bank.

Full Name and Title of Authorised Representative	Full Name and Title of Authorised Representative
Signature	Signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)

Visa Corporate Card Resolution

I, _____, Secretary of _____ (the "Company"), a company duly organised and existing under the laws of _____ and having its registered address at _____ hereby certify that the following is a true copy of a resolution duly adopted by the Board of Directors of the Company at a meeting thereof convened and held in accordance with the Memorandum of Association and the Bye-laws of the Company and held on _____ and that such a resolution is now in full force and effect and is in accordance with the Memorandum of Association and the Bye-laws of the Company.

RESOLVED that the Company apply for Visa Corporate card(s) with the Clarien Bank Limited (the "Bank") for a total aggregate limit of \$_____.

FURTHER RESOLVED that the person(s) listed below, singly or jointly (delete as applicable), are hereby authorised on behalf of the Company to apply for credit cards to be issued to nominated cardholders and to specify the applicable cards limits; and to sign any and all documents required by the Bank in order to issue the cards and make any amendments thereto:

Print Name	Signature

FURTHER RESOLVED that as security for obligations of the Company in connection with the aforesaid credit cards, the Company pledges to the Bank such of its deposits with the Bank and/or such of its other investments on such terms and conditions as may be agreed (as evidenced under separate cover) from time to time by the persons authorised to sign documents on behalf of the Company in connection therewith. The Bank will be advised via fax or letter should there be any changes to the cardholder details.

Witness my hand and seal of the Company, this _____ day of _____, 20 _____.

Secretary

