

Corporate Applicant Information

Full Legal Name

Physical Address

Mailing Address

Business Phone

Business Fax

Website

Company and Business Particulars

Nature of Business Activity

Incorporated? Yes No If 'No', legal status and structure: _____

Country of Incorporation

Date of Incorporation
(DD/MM/YYYY)

Bermuda Exempted Company? (if applicable)

Yes No

Registered Office Address	Required documents
	<ul style="list-style-type: none"> Certificate of Incumbency Government ID for all cardholders Most Recent Financial Statements

Income (based on most recent full financial year*):

Revenue	\$
Expenses	\$

*If start-up company, please provide detailed Business Plan.

Credit Limit and Card Administration

Select Currency: BMD USD

Total Requested Credit Limit of All Cards:

\$

Number of Cards:

Company name as it should appear on card(s). Maximum of 21 characters including spaces.

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Payment Instructions. Specify monthly standing payment instructions for your convenience.

Auto-Pay?	Currency	Debit from Clarien Account Number:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> BMD <input type="checkbox"/> USD	

Auto-Pay Amount:
(Choose one)

Full balance Minimum balance Specified monthly amount:

\$

VISA Corporate Card Application Form

Reward Programme Selection (choose one)

To get the most from your VISA Corporate Card, please choose how you wish to receive the cardholder rewards you earn.

Cash Back: Rewards selection will be the same for all cardholders.

VISA Rewards Points: For more information on **VISA Rewards Points** please visit www.clarienbank.com/rewards

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 _____

Title: 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 #2 Card Limit _____

Title: 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 _____

Title: 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: _____

Cardholder #4 Card Limit _____

Title: 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: _____

VISA Corporate Card Application Form

	Cardholder #3 CONT.	Cardholder #4 CONT.
Nationality:		
Tax ID # (TIN):		
Mother's Maiden Name:		
Cardholder Signature(s):		

Company Name:

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

