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	CIF Number														
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Corporate Applicant Information		
Full Legal Name		
Physical Address	Mailing Address	
rifysical Address	Maiting Address	
		_
Business Phone Business Fax	Website	
Company and Business Particulars		
Nature of Business Activity		
Incorporated? Yes No If 'No', legal sta	tus and structure:	
,,		
		Bermuda Exempted Company? (if applicable)
Country of Incorporation	Date of Incorporation (DD/MM/YYYY)	Yes No
	(55),	
Registered Office Address	Required documents	Income (based on most recent full financial year*):
	Certificate of Incumbency	Revenue \$
	Government ID for all cardholders	Expenses \$
	Most Recent Financial	Lapenses
	Statements	*If start-up company, please provide detailed Business Plan.
		business i taii.
Credit Limit and Card Administration		
	al Requested Credit it of All Cards:	Number of Cards:
Lim	iit of Att cards.	
Company name as it should appear on card(s).		es.
— — Lim		res.
— — Lim		res.
— — Lim	Maximum of 21 characters including space	
Company name as it should appear on card(s). Payment Instructions. Specify monthly standing payment Payment Standing payment	Maximum of 21 characters including space	
Company name as it should appear on card(s). Payment Instructions. Specify monthly standing payment Payment Currency De	Maximum of 21 characters including space	



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Reward Programm	e Selection (choose one)	
	om your VISA Corporate Card, please choose how you wish to rece	eive the cardholder rewards you earn.
Cash Back:	Rewards selection will be the same for all cardholders.	
VISA Rewards Po	ints: For more information on VISA Rewards Points please vi	isit www.clarienbank.com/rewards
Company Name	•	
Cardholder(s) Info		
	f all individual cardholders cannot exceed total credit line of the Grequired for all cardholders.	Company. This page may be copied and attached for additional
	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. Mss. Other:	Mr. Mrs. Mss. Miss Other:
First Name:		
Middle Name(s):		
Last Name:		
Date of Birth: (DD/MM/YYYY)		
Phone Mobile:		
Email:		
Type of ID:		
ID Number:		



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	Cardholder #3 CONT.			Cardholder #4 CONT.	
Nationality:					
Tax ID # (TIN):					
Mother's Maiden Name:					
Cardholder Signature(s):		ant to the attached Corporate Resolution and by authorised individual(s) signing below, represents and warrants that the blication and the accompanying financial statements, and other submissions, are true and correct and are made to induce the credit. For the same purpose, the Applicant represents and warrants that no suits, judgements or legal claims of any st the Applicant or Cardholder(s) except as expressly stated herein or in the financial statements and other documents out other documentation. The Application will remain the property of the Bank. horised Representative Full Name and Title of Authorised Representative			
Company Nam	e:				
Authorised Conta	acts (Individuals who can inquire on transaction	ons, balances and provic	e travel	instructions for cardholders)	
Name				Contact Number #1	Contact Number #2
Authorised Signat	ture(s)				
kind are now pen submitted herewi	ding against the Applicant or Cardholde th/or without other documentation. Th	er(s) except as expres e Application will ren	sly stat nain th	ed herein or in the financial sta e property of the Bank.	atements and other documents
Nationality: [fax ID # (TIN):					
Visa Corporate Ca	rd Resolution				
I,	, Secretary c	of		(the	"Company"), a company duly
organised and ex	xisting under the laws of	and	having	its registered address at	
		hereby o	ertify	that the following is a true cop	y of a resolution duly adopted
-	• • •				
			resolut	ion is now in full force and effe	ct and is in accordance with the
Memorandum of	f Association and the Bye-laws of the Co	ompany.			
RESOLVED that t	he Company apply for Visa Corporate card	d(s) with the Clarien Ba	nk Lim	ited (the "Bank") for a total aggi	regate limit of \$
for credit cards t	o be issued to nominated cardholders ar	nd to specify the appl			
	Print Name			Signature	

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							<u> </u>			

a Corporate Card Resolution Cont.													
URTHER RESOLVED that as security for obligation and such of its deposits with the Bank and/or such parate cover) from time to time by the persons are Bank will be advised via fax or letter should the	th of its other i uthorised to si	investm gn docι	ients on s iments oi	uch te n behal	rms an lf of th	ıd condi e Comp	tions a	as may	be ag	greed	(as evi		
itness my hand and seal of the Company, this	day of _				_, 20								
cretary													
ompany Name:													
ank Use Only													
RUSH CARD													
APPROVED - Conditions or Comments		Со	mpany ID										
		Red	ceiving Of	ficer:							DD		
Approved Credit Limit: \$		Credit Officer: DD/MM/YY									YYYY		
DECLINED - provide reason (if applicable)		Da	ta entere	d by:							DD		
		Da	ta verified	l by:							DD	/MM/	YYYY
Name as it should appear on the card(s). No n symbols. Hyphens are accepted. Use a space (or						ncludin	g comr	mas, a	ccents	s, perio	ods, nı	umber	rs and
Cardholder #1		П	1	П				Т	1	1	Г	l	
										<u> </u>	<u></u>		
Cardholder #2													
Cardholder #3			,										
									<u> </u>	<u> </u>			
Cardholder #4		1				-			1				

Clarien Bank Limited, through its wholly owned subsidiary companies, is licensed to conduct bank, investments, corporate service provider and trust business by the Bermuda Monetary Authority

I have read and understand the terms & conditions, features, functions, rates and fees for this product.