CLARIEN

BANK USE ONLY

CIF Number

VISA Corporate Card Application Form

Corporate Applicant Information

Full Legal Name _____

Physical Address _____

_____

Mailing Address (if different from above) _____

_____

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 _____

_____

Income (based on most recent full financial year*)

Revenue $_____ Expenses $ _____

Required Documents

Certificate of Incumbency / Government ID for all cardholders / Most Recent Financial Statements / *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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payment Instructions. Specify monthly standing payment instructions for your convenience

Auto-Pay? ☐ Yes ☐ No **Currency** ☐ BMD ☐ USD **Debit from Clarien Account No:** ☐☐☐☐☐☐☐☐☐☐

Auto-Pay Amount (choose one) ☐ Full Balance ☐ Minimum Balance ☐ Specified Monthly Amount $ _____

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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.
For more information on **VISA Benefits** please visit this link.

☐ Cash Back ☐ VISA Rewards Points

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.

Company Name _____

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 Photo ID _____ Photo ID Number _____

Nationality _____ Tax ID # (TIN) _____ Mother's Maiden Name _____

Cardholder Signature _____

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 Photo ID _____ Photo ID Number _____

Nationality _____ Tax ID # (TIN) _____ Mother's Maiden Name _____

Cardholder Signature _____

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 Photo ID _____ Photo ID Number _____

Nationality _____ Tax ID # (TIN) _____ Mother's Maiden Name _____

Cardholder Signature _____

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

Company Name _____

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

Contact Number #1 _____ Contact Number #2 _____

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

Contact Number #1 _____ Contact Number #2 _____

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 of Authorised Representative _____ Title _____

Signature _____ Date (DD/MM/YYYY) _____

Full Name of Authorised Representative _____ Title _____

Signature _____ 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** _____

Print Name _____ **Signature** _____

Print Name _____ **Signature** _____

Print Name _____ **Signature** _____

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Visa Corporate Card Resolution (Continued)

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 _____.

Signature of Secretary _____ **Company Name** _____

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☐ **Rush Card** ☐ **Approved** **Approved Credit Limit** $ _____ Company ID _____

Approval Conditions or Comments

_____

Receiving Officer (Signature) _____ Date (DD/MM/YYYY) _____

Credit Officer (Signature) _____ Date (DD/MM/YYYY) _____

Data entered by (Signature) _____ Date (DD/MM/YYYY) _____

Data verified by (Signature) _____ Date (DD/MM/YYYY) _____

Declined (Provide reason (if applicable))

_____

Special Processing Notes

_____

Name as it should appear on the card(s). No nicknames, short names or special characters including commas, accents, periods, numbers and symbols. Hyphens are accepted. Use a space (one box) to separate each name and/or initial.

Cardholder #1

Cardholder #2

Cardholder #3

Cardholder #4

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.