ABC Banking

BRN: C07018920

ABC DEBIT CARD APPLICATION FORM - CORPORATE

CIF

.....

Company's Name

.....

Business Registration Number

.....

Postal Address

.....

Contact Person

.....

Telephone Number

.....

E-Mail Address

.....

Pin Code Delivery

☐ E-Mail ☐ by Post ☐ Place D'Armes branch

Number of Cards to be issued

.....

Name to be embossed on the card: (not to exceed 26 characters including spaces. Leave space between names).

Name of Cardholder 1 (Mandatory)

Company Name (Optional)

Name of Cardholder 2 (Mandatory)

Company Name (Optional)

Name of Cardholder 3 (Mandatory)

Company Name (Optional)

ACCOUNT TO BE LINKED

	Account Type	Currency	Fast Cash	Withdrawal	Worldwide	Transfer
	Current		Yes/ No	Yes/ No	Yes/ No	Yes/ No
Account No 1 (Primary Account No.)	.....	.....	.....	.....	.....	.....
Account No 2 (Secondary Account No.)	.....	.....	.....	.....	.....	.....

I/ We authorise ABC Banking Corporation Ltd to debit/credit above named company's account(s) with the full amount utilised by our under mentioned nominees. I/ We are aware that the company's account(s) will be accessible at any point of sale (POS).

List of authorised user: to be filled by nominees

☐ UPI ☐ MasterCard Debit Card

Title ☐ Mr ☐ Mrs ☐ Miss

CIF

.....

Postal Address

.....

Name

.....

Surname

.....

E-Mail Address

.....

NIC/ Passport No.

.....

Nationality

.....

Telephone

.....

Date of Birth

.....

Security Questions:

Security Code (Maximum 8 characters)

.....

Name of your Primary School

.....

List of authorised user: to be filled by nominees

☐ UPI ☐ MasterCard Debit Card

Title ☐ Mr ☐ Mrs ☐ Miss

CIF

.....

Name

.....

Surname

.....

NIC/ Passport No.

.....

Telephone

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Postal Address

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Surname

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NIC/ Passport No.

.....

Telephone

.....

Postal Address

.....

.....

.....

E-Mail Address

.....

Nationality

.....

Date of Birth

.....

Security Questions:

Security Code (Maximum 8 characters)

.....

Name of your Primary School

.....

I/ We hereby apply to hold an ABC Banking Corporation Ltd debit card to be issued in the Company's name. This application forms part of and shall be read in conjunction with ABC Banking's debit mastercard agreement, terms and conditions of service.

Authorised Signatory		Authorised Signatory
	SV	
Name ..... Date		Name ..... Date .....

Office Use Only - To be filled by Service Unit

Service Unit Seal

Prepared by	Signature	Date .....
Verified/ Approved by	Signature	Date .....

To be filled by Online Services

Processed by	Signature	Date .....
Verified by	Signature	Date .....

Resolution by Board of Directors at Board meeting of (date) .....

The following Resolutions of the Board of Directors of ..... (the Company) were passed on ..... and have been duly recorded in the Minute book of the Company.

Resolved:

(A) That the Company's accounts with ABC Banking Corporation Ltd(the Bank) be operated 'interalia' through ATM by the issuance of a debit card and subject to the terms and conditions annexed.

(B) That the following person/s of the Company (hereinafter mentioned as 'authorised person/s') is/are authorised in the manner set out below.

Signature Requirements & Company Stamp*

.....

.....

(C) That the authorised person/s is/are hereby authorised on behalf of the Company to operate or to nominate and authorise any person or person to operate the Company's account through ATM as agreed to by the Bank by use of personal identification number (PINs) and in connection therewith to sign any application form agreement or document, negotiate the terms and conditions thereof and agree to any amendment, variation or addition thereto.

* Delete if Company stamp not required

(D) That the Bank is hereby authorised to complete all such banking transactions requested through the use of such PIN including but not limited to making credits to, debits or transfers from the Company's account and other banking transactions which the Bank together with any third party may make available to PIN Holders from time to time whether such account be in credit or overdrawn or may become overdrawn in consequence of such debits.

(E) That the Secretary of the Company be, and hereby authorised to certify to the Bank the name of the present officers of the Company and other persons authorised in terms of this resolution and offices respectively held by them, together with specimens of their signatures. In the event of the Company appointing another person in place of the authorised person/s the Company shall notify the Bank in writing that a Resolution has been passed to that effect, where upon the said contents of this Resolution shall apply to such substituted authorised persons.

(F) And that this resolution be communicated to the Bank and remain in force until an amending resolution shall have been passed and a copy thereof, certified in accordance with the Company's account-opening Resolution, shall have been received and acknowledge in writing by the Bank.

I/We, ... as Company Secretary/Chairman of ....., a company incorporated ..... and having its registered office at ..... and following a meeting of the Board of Director at which the foregoing resolutions were passed hereby certify the said forgoing resolutions were passed at a Meeting of the Directors of the Company duly convened and held at ..... on the ..... day of ..... and that said resolutions were duly passed and are now in full force and effect.

We further certify that the present officers of the said Company authorised as aforesaid and the offices respectively held by them and their respective signatures are as follows:

Name	Position Held	Signature
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Chairman of Board Meeting

.....

Date

.....

Company Secretary

.....

Company Seal*

SEAL