

Approved By:

Visa Prepaid Card Application

Date opened:

Tel: (501) 227-0697 / 1548 Facsimile: (501) 223-0986 Email: services@belizebankinternational.com

| COMPLETE ALL SECTIONS (*ARE REQUIRED FIELDS FOR PROCESSING) | |
|---|--|
| | |
| ACCOUNT INFORMATION | |
| | |
| Name of Bank Account | Email: |
| Bank Account Number | Mailing Address for the Card (s) |
| Work No. | Fax No. |
| | |
| NOTE: If more than 2, please attach the same applicant details as requested below for any additional applicant. | |
| | |
| CARDHOLDER'S INFORMATION | |
| Title First Name: | Last Name: |
| Permanent Residence | City: |
| Country | ZIP Code |
| Nationality | *Date of Birth (dd/mm/yy) |
| Passport No. Country of Issue: | ALCO ALC |
| *Home No. | Mobile No. |
| Work No. Email: | Fax No. |
| | |
| ADDITIONAL CARDHOLDER'S INFORMATION | |
| Title First Name: | Last Name: |
| Permanent Residence | City |
| Country | ZIP Code |
| Nationality | Date of Birth (dd/mm/yy) |
| Passport No. Country of Issue: | |
| Home No. | Mobile No. |
| Work No. | Fax No. |
| CARD TYPE - Please tick to indicate the type of Prepaid Card | |
| Personalized (with name on the card) {] Non-Personalized (name does not appear on the card) [] | |
| NON PERSONALIZED CARDS CANNOT BE USED FOR INTERNET PURCHASES | |
| DELIVERY METHOD - Please note for security reason the Card and PIN has to be sent in two separate mailings | |
| Registered Mail the Card | Courier the Card [] |
| Free of cost - takes 4 to 6 weeks depending on destination | Cost of US\$75 per package -takes 3 to 5 business days depending on the |
| · • | destination |
| Registered Mail My PIN [] | Courier the PIN [] |
| Free of cost - takes 4 to 6 weeks depending on destination | Cost of US\$75 per package - takes 3 to 5 business days depending on the destination |
| I (We) agree that the use of any Visa Prepaid Card ("Card") issued in response to this application will constitute my (our) Agreement to be jointly and severally bound by the Terms and Conditions of the Visa Prepaid Cardholder Agreement delivered with the Card. It is certified that the above information is complete and true, and is given to induce the Bank to issue said Card (s). I (We) authorize you to make whatever credit and/or investigative inquiries deemed necessary in connection with this application and to exchange with others regarding my (our) Card transactions. I (We) understand a PIN will be assigned to me(us). I (We) understand that this is not a Credit Card, and that no commitment to extend credit to me (us) will be made by our issuance of the Visa Prepaid Card (s) requested. | |
| *Signed: | |
| Applicant Date Appli | cant Date |
| *Signed: | |
| Authorized Signatory/Director Data | |
| Authorized Signatory/Director Date | |
| | |
| *Amo | unt of Initial Funding |
| | |
| For Official Use Only | |