

In case of granting a credit, the funds, deposited on the current/term - deposit account in the _____, in _____, should be regarded as collateral for securing my liabilities and the said funds should be blocked till full coverage of my liabilities, in accordance with the Terms and Conditions for Issuing and Servicing of the Bank Payment Card.

Guarantee Pledge

I assign

Guarantee contract No. _____, concluded between the Bank and the Guarantor _____

Guarantor's account No.

L	V			M	U	L	T												
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INFORMATION ABOUT THE EMPLOYMENT AND FINANCIAL SITUATION

Business person Employee Housekeeper Self-employed person
 Student Pensioner Unemployed person _____

Information about the work place

Name of the company _____
Address of the company _____
Town/city, country _____ Postal code _____
Telephone No. at work _____ Fax _____
Position _____
I am in this position since _____
(Date)

Information about finances

Your monthly salary (netto) _____ (Amount) _____ (Currency)
Other average monthly income _____ (Amount) _____ (Currency)
Average monthly expenditures _____ (Amount) _____ (Currency)

Your property

Real estate _____
Address _____
Approximate value: (USD/EUR) _____ Is your property in pawn? Yes No

OTHER INFORMATION RELATED TO ISSUANCE OF THE CARD

I would like to receive the Card: At the Bank Via post Sent by courier***
Please, specify the address _____
***the courier expenses shall be covered by the recipient (or the name of Customer Service Center/branch)

Client signature _____

Card statement to be received: At the Bank Via post By means of the Internet banking system

Address for receipt of the statement _____

I would like to receive Travel Insurance**:** Standart level Gold level Silver level Platinum level

****for additional payment

CONFIRMATION

By signing this I, do hereby acknowledge, that

- I have read the General Business terms and conditions of AS Meridian Trade Bank, Price-list of services, fully understand them and agree to observe the requirements;
- I am aware of the fact that the Bank shall be obligated to provide information to the Credit Register of the Bank of Latvia and shall be entitled to receive information from the Credit Register of the Bank of Latvia, in the events prescribed by its regulations (www.bank.lv);
- I assume full financial responsibility for the Users of additional card;
- I confirm the completeness and accuracy of the information provided in this application, and undertake to notify the Bank on any changes related to the information indicated in this application;
- I agree to the processing of my personal data, including data transfer to the third parties according to the procedures specified in the General Business Terms and Conditions;
- I agree to receive all kind of commercial information by e-mail and phone: Yes No

To be signed by Cardholder _____

Please open the payment Card account with the Bank and issue the payment Card

(Name, Surname)

(Signature)

(Date)

FILLED IN BY THE BANK EMPLOYEE

The operating account No.

L	V					M	U	L	T														
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_____, _____
(Currency)

The place of receipt of the application _____

(Name, Surname)

(Signature)

(Date)

FILLED IN BY THE BANK MKN EMPLOYEE

Permitted credit limit _____ **Minimum balance** _____

Annual Interest Rate of the permitted credit limit _____

Security amount _____ **Security account** _____

Card account No.

L	V					M	U	L	T														
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_____, _____
(Currency)

(Name, Surname)

(Signature)

(Date)