** It’s Where You Belong**

Application

in the name of:

(**COMPANY NAME GOES HERE**)

for

**Citizens Bank Guyana Inc.**

**Visa International Business Credit Card**

**FOR BANK USE ONLY**

Application Number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

BUSINESS CARD Account Number

(**Corporate I.D**)

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**IMPORTANT**

**Completion Instructions**

* Please use block capitals (**in ink or Type**)
* Complete all items (**1-11)**
* Complete the resolution.

**Documents Required:**

**INCORPORATED BUSINESS**

* Completed Business Application Form.
* Completed Official Nomination Form.
* Copy of Identification Card/Passport for each Nominated Cardholder.
* Proof of Address for each Nominated Cardholder.
* Certificate of Incorporation.
* Articles of Incorporation; or

*If company incorporated prior to May 25th, 1995:*

1. Memorandum and Articles of Association
2. Certificate of Continuance
3. Articles of Continuance

* Notice of Directors and Consent to Act as Directors.
* Most recent Notice of Change of Directors (*if change occurred subsequent to incorporation)*
* Notice of Secretary and Consent to Act as Secretary.
* Most recent Notice of Change of Secretary (*if change occurred subsequent to incorporation*)
* Notice of Address (registered office and principal place of business)
* Most recent Annual Returns of the Company *if company established in excess of one year* (*notarized by the Deeds Registry if company incorporated outside of Guyana*).
* Corporate Stamp or Seal (*to be used on the Corporate Resolution form)*
* TIN Certificate for the Company.
* Two (2) Character References for each signatory.
* Proof of Occupation/Income for each signatory *(Job letter/pay slip/affidavit of income)*
* TIN Certificate/Certification from Guyana Revenue Authority for each signatory.

**KINDLY INDICATE REQUIRED BUSINESS CREDIT LIMIT: ……………………………… (USD)**

**BUSINESS DETAILS**

1. Name of Company
2. Date Founded
3. Company Number
4. Mailing Address

**Telephone:**

1. Business Telephone/Fax Number/E-mail

**Fax:**

**E-mail:**

1. Registered Office Address

(**for company, if different from above**)

1. Type of Business
2. Contact Name
3. Position Held
4. Company /Business Name for Card embossing (**Max 20 characters including spaces and punctuation**)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **BANK DETAILS** |
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1. Main Banker’s Name and Address
2. Type of account at bank Overdraft Deposit/Chequing(Statements)



Loan Other ………………………………….

1. Statements/Management Reports Should be sent:

To Mailing Address



To Employee’s Address (Statements

Other (Please State) …………………………………………………………………………………………………

**INCORPORATED BUSINESS - BOARD RESOLUTION**

At a meeting of the Board of Directors of

**(Insert name of Company/Organization)**

Held on the day of

**(Day) (Month) (Year)**

We/I Resolve/Agree that:

1. **CITIZENS BANK GUYANA INC.** be and is hereby authorized and/or requested to:

|  |
| --- |
|  |

Open One Corporate Card Account in the name of the Company. Issue individual accounts and business cards with individual credit limits linked to the Corporate Card Account for individuals

nominated in a request signed by the person(s) holding the position(s) listed below and make any

inquiries it deems necessary in connection with this request.

|  |
| --- |
|  |

Open One Corporate Card Account in the name of the Company. Issue business cards linked to the Business Card Account with a shared limit for individuals nominated in a request signed by the

person(s) holding the position(s) listed below and make any inquiries it deems necessary in

connection with this request.

**Details of Person(s) Authorized to Nominated Cardholders/Transact Business:**

**SIGNING AUTHORITY:** (Please tick the appropriate box)

Any one to sign Any two to sign All to sign Sole Signatory

Other (Specify): …………………………………………………………………………………………………………………...............

Signature

………………………………………………………………………………….

ID#: ……………………………………………………..

BUSINESS TITLE: ………………………………………………………

SURNAME: ………………………………………………………………

FIRST NAME: ……………………………………………………………

BUSINESS TITLE: ………………………………………………………

Signature

………………………………………………………………………………….

ID#: ……………………………………………………..

SURNAME: ………………………………………………………………

FIRST NAME: ……………………………………………………………

BUSINESS TITLE: ………………………………………………………

Signature

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ID#: ……………………………………………………..

SURNAME: ………………………………………………………………

FIRST NAME: ……………………………………………………………

BUSINESS TITLE: ………………………………………………………

Signature

………………………………………………………………………………….

ID#: ……………………………………………………..

SURNAME: ………………………………………………………………

FIRST NAME: ……………………………………………………………

**And the Company/Organisation undertake(s) to promptly notify the Bank of any changes of the holder(s) of such title(s).**

1. The Company accepts and agrees to be bound by the Business Card Terms and Conditions of Use governing this application which have been produced to the meeting of which a certified copy of this resolution forms part and as amended from time to time.
2. Should this application be successful, we/I also give permission for Citizens Bank Guyana Inc. to provide any credit information to a licensed credit bureau in Guyana in accordance with the Credit Reporting Act.

**We certify the above to be the true copy from the minutes**

**AFFIX SEAL OR**

**COMPANY STAMP**

Signature of

Board Meeting

Chairman

……………………………………………... (**Insert full name**)

Signature of

Board Meeting

Secretary

…………………………………………….… (**Insert full name**)

**PAYMENT INSTRUCTIONS**

**(**Please **(√)** tick appropriate box**)**

**A**. I/ We instruct Citizens Bank Guyana Inc. to debit our account numbered:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

at your ........................................................................... Branch for:

**(**Please **(√)** tick**)**

Full Amount Due

Minimum Payment Due

Fixed Amount of (**please state**) $...........................................................................................

on or before the Payment Due shown on each Monthly Billing Statement.

1. I/We will effect payment on or before the Payment Due Date shown on each Monthly

Billing Statement by cheque payable to Citizens Bank Guyana Incorporated.

**OTHER INSTRUCTIONS/ INFORMATION**

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**AUTHORISING SIGNATURE(S)**

**AFFIX SEAL OR**

Signature **COMPANY STAMP**

Signature

Signature

Signature

|  |
| --- |
| **FOR BANK USE ONLY**    **BRANCH STAMP**  **Credit Line Approved For:**  **$...............................................................................................................................**  **X..............................................................................................................................**  **Rating Officer Date**    **X….............................................................................................................................**  **Approved By Date**    **X...............................................................................................................................**  **Approved By Date** |

**NOMINATION FORM**

It’s Where You Belong

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, hereby authorize **CITIZENS BANK GUYANA INC.** to: **Please indicate type of card limit:**

**Open a Business Card Account Individual Limit US$\_\_\_\_\_\_\_\_\_\_**

**Add Nominee to Existing Business Account Shared Limit** (All nominees

With the following details: use card within company limit)

**Surname:** ………………………………………………. **Date of Birth**: …………………………………………………..   
**First Name:** …………………………………………… **Number of Dependents**: ………………………………….

**Middle Initial:** ……………………………………….  **Government Identification#**: ……………………….…

**Gender**: ………………………………………………… **Nationality:** …………………………………………………....

**Salutation**: …………………………………………… **Marital Status**: ……….…………………………………….…

**Business Title**: ………………………………………. **Mother’s Maiden Name**: …………………………………

**Home Telephone**: ………………………………... **Email Address:** …………………………………………………

**Mobile Telephone**: ………………………………. **Nominated Cardholder’s Signature:**



**Home Address**: ……………………………………………………..

**By affixing my signature in the space provided above, I hereby confirm that I have read, understood and agreed to abide by the conditions of use detailed.**

………………………………………………………………………..……

**Name as it should appear on the card**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| **FOR BANK USE ONLY**  Branch Stamp  Credit Line Approved For: ……………………………  X…………………………………………………………………….  Approved By Date    X…………………………………………………………………….  Approved By Date |

**AUTHORIZED TO NOMINATE**:

………………………………………………

**Signature**

**………………………………………………**

**Signature**

**………………………………………………**

**Signature**

**……………………………………………..**

**Signature**

**AFFIX SEAL OR COMPANY STAMP**