

Application in the name of:

(BUSINESS NAME GOES HERE)

for

Citizens Bank Guyana Inc.

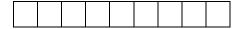
Visa International Business Credit Card

FOR BANK USE ONLY

Application Number



BUSINESS CARD Account Number (Corporate I.D)



IMPORTANT

Completion Instructions

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

Documents Required:

SOLE TRADERS/PARTNERSHIP

- Completed Business Application Form.
- Completed Official Nomination Form.
- Copy of ID for each partner or owner of the business.
- Copy of ID for each Nominated Cardholder.
- Proof of Address for each partner or owner of the business.
- Proof of Address for each Nominated Cardholder.
- Tin Certificate for each partner or owner of business
- Tin Certificate for each Nominated Cardholder
- Tin Certificate for the business
- Certificate of Business Registration.
- Source of income document i.e Annual Returns, Balance Sheet, Affidavit of Income Statement
- Character reference for each partner or owner of the business.
- Character reference for each Nominated Cardholder.

DETAILS

10. Company /Business Name for Card embossing (Max 20 characters including spaces and punctuation)

11.	Mair	n Bar	hker's	s Nar	ne ar	nd						BAN	NK DE	TAILS	6					<u> </u>
	Addı	ress																		
12.	Туре	e of a	ccou	nt at	banl	K		Ove Loa	erdra n	ft				•		0.	State			
13.	Stat		•		•		epor	ts Sh	ould	be s	ent:									
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SOLE PROPRIETORSHIP – RESOLUTION/AGREEMENT

Dated this day of	(Month) (Year)								
We/I Resolve/Agree that:									
A. CITIZENS BANK GUYANA INC. be and is here	by authorized and/or requested to:								
Open One Business Card Account in the name of the Company. Issue individual accounts and business cards with individual credit limits linked to the Business 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 Business 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 Cardh	olders/Transact Business:								
SIGNING AUTHORITY: (Please tick the appropriate bo	x)								
Any one to sign Any two to sign Other (Specify):	All to sign Sole Signatory								
BUSINESS TITLE:	Signature								
FIRST NAME:	ID#:								
BUSINESS TITLE: SURNAME:	Signature								
FIRST NAME:	ID#:								
BUSINESS TITLE: SURNAME:	Signature								
FIRST NAME:	ID#:								
BUSINESS TITLE: SURNAME:	Signature								
FIRST NAME:	ID#:								

And the Partners/Sole Proprietor undertake(s) to promptly notify the Bank of any changes of the holder(s) of such title(s).

- **B.** The Company accepts and agrees to be bound by the Business Card Terms and Conditions of Use governing this application which has been produced to the meeting of which a certified copy of this resolution forms part and as amended from time to time.
- **C.** 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

		COMP	ANY STAMP
Authorized Signature		Ć	
	(Insert full name)		
Authorized Signature			
	(Insert full name)	-	-

AFFIX SEAL OR

PAYMENT INSTRUCTIONS

(Please (V) tick appropriate box)

	I/ We i	nstruct	: Citize	ns Ban	ık Guya	na Inc	. to c	ebit my	/our ac	count r	numbered:-
	at your	·							Brar	ich for:	
(Plea	ase (√) †	tick)									
	Full Am	nount D	Due								
	Minim	um Pa	yment	Due							
								ch Mont			ement.
			-	-				-			wn on each Monthly rporated.
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Sign	ature									_	AFFIX SEAL OR COMPANY STAMP
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Sign		-								1	
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FOR BANK US	E ONLY
BRANCH STAMP	
Credit Line Approved For:	
\$	
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X Rating Officer	Date
x	
Approved By	Date
x	
Approved By	Date

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	CITIZENS	BANK

NOMINATION FORM

Χ.....

Date

Approved By

17's Where You Belong

I/We, hereby authorize CITIZENS BANK GUYANA INC. t	o: <u>Please indicate type of card limit:</u>			
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:	X			
	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:	agreed to able by the conditions of use detailed.			
AUTHORIZED TO NOMINATE:				
	FOR BANK USE ONLY			
Signature	Branch Stamp			
Signature				
Signature				
Signature	Credit Line Approved For:			
	X			
Signature	Approved By Date			

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