

CREDITCARD APPLICATION FORM

Versie:20180105

APPLYING FOR VISA MASTERCARD

- | | | |
|---|---------------|---------------------------|
| <input type="checkbox"/> CLASSIC (USD/EUR 500 - USD/EUR 5,000) | USD/EUR | YEARLY COSTS: USD/EUR 40 |
| <input type="checkbox"/> BUSINESS (USD 1,000 - USD 10,000) | USD | YEARLY COSTS: USD 60 |
| <input type="checkbox"/> PLATINUM (USD/EUR 5,000 - USD/EUR 250,000) | USD/EUR | YEARLY COSTS: USD/EUR 100 |

PERSONAL INFORMATION

Last name:	Nationality:
Maiden name:	Marital status:
First name:	Number of dependants/children:
Date of birth:	ID number:
Place of birth:	

ADDRESS INFORMATION

Home situation: <input type="checkbox"/> Home owner <input type="checkbox"/> Rented <input type="checkbox"/> Living with relatives	
Address:	
Years/months at this address:	Telephone number (home):
Billing address:	Mobile number:
Mailing address (for statements):	
E-mail address:	

BUSINESS INFORMATION

Company name:	Telephone number:
Address:	E-mail address:
Chamber of commerce #:	

EMPLOYMENT INFORMATION

Employment situation: <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Name of employer:	Occupation:
Number of years with this employer:	Telephone number:

FINANCIAL INFORMATION

Account number:	Total monthly payments/liabilities:
Accountholder since (month/year):	• Mortgage/rent:
Monthly net income:	• Loans:
	• Liabilities:

INFORMATION ADDITIONAL CARDHOLDER

Last name:	Date of birth:
Maiden name:	Place of birth:
First name:	ID number:
Address:	Relationship to cardholder:

N.B. Indien niet van toepassing, "nvt" invullen (If not applicable fill in "n/a")



PREFERRED PAYBACK METHOD

The undersigned agrees to debit his/her account (as stated above) in the following manner:

- 100% of the balance (0% interest);
- Minimum monthly payments (5% of the balance; interest 2% monthly);
- Fixed monthly payments USD/EUR.....monthly (interest 2% monthly).

I PREFER TO PICK UP MY CREDITCARD AT THE FOLLOWING LOCATION:

- Finabank Centrum – Dr. S. Redmondstraat 59-61, Paramaribo
- Finabank South – Mr. J. Lachmonstraat 49, Paramaribo
- Finabank North – Hk. Jozef Israëlstraat en Kristalstraat, Paramaribo
- Finabank Nickerie – A. K. Doerga Sawhstraat 72, Nickerie

The undersigned agrees to the payment of the yearly costs in full.

Signature client Date

DOOR FINABANK N.V. IN TE VULLEN

Te verschaffen dekking:

- In pand geving van tegoeden, bedrag groot: USD/EUR
- Hypothecaire dekking
- Looncessie
- Termijndeposito
- Anders, namelijk:.....

Details:

.....
.....
.....
.....

IN PAND GEVING VAN TEGOEDEN

Naam:
Debet rekeningnummer:.....
Creditrekening GL nummer:.....

JAARLIJKSE KOSTEN

Naam:.....
Debet rekeningnummer:.....
Creditrekening GL nummer:.....

Omschrijving:.....

IN BEHANDELING GENOMEN/AANBEVOLEN DOOR

Naam:
Handtekening:

TER GOEDKEURING VOORGELEGD AAN DE MANAGER RETAIL BANKING/ BRANCH MANAGER /MANAGER PLATINUM BANKING/ACCOUNT MANAGER

Naam :
Handtekening:

TER GOEDKEURING VOORGELEGD AAN DE DIRECTIE

Naam:.....
Handtekening:.....

