

**APPLICATION
for Visa card reissue**

From: _____

(Full name of the individual)

I ask you to reissue a VISA international plastic card in my name **Visa Classic** **Visa Electron**

Visa Gold **Visa Travel** **Visa GM**

card no.

| | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|---|---|---|---|---|---|--|--|--|--|
| 4 | 2 | 7 | 8 | | | * | * | * | * | * | * | | | | |
|---|---|---|---|--|--|---|---|---|---|---|---|--|--|--|--|

Indicate the reason for the reissue;

- | | |
|---|---|
| a) <input type="checkbox"/> the card has expired | б) <input type="checkbox"/> change of name / surname in the holder's passport |
| в) <input type="checkbox"/> card loss/theft | г) <input type="checkbox"/> card damage |
| д) <input type="checkbox"/> technical malfunction of the card | е) <input type="checkbox"/> suspicion of fraud with the card |
| ж) <input type="checkbox"/> change of PIN | |

Basic Visa

Additional Visa

State the full name to be input onto the card (in Latin letters strictly according to the passport).

NAME

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

SURNAME

PERSONAL DATA:

Date of birth:

one day (month) Year

Citizenship:

Resident/Nonresident

Indicate your citizenship

Permanent residence address:

Indicate the full permanent residence address as it is in your passport

Home telephone number

«FON»

e-mail: «EMAIL»

Indicate your home telephone number

Indicate your email address

Cell phone number (full)

Indicate your cell phone number (full)

PASSPORT DATA

CHECK WORD:

Indicate the check word by which the bank employees will be able to identify you during telephone conversations regarding the maintenance of your card: _____

STATEMENT OF DATA RELIABILITY

I confirm the accuracy of the information in this application. I agree that the Bank:

- has right to verify the information contained in this Application
- reserves the right to refuse to issue a card without giving any reason.

I have read and understood the Tariff and Regulations for the use of VISA Cards of "Kapitalbank" JSCB and Safety Regulations when Performing Internet Transactions using VISA card, and agree to fully comply with them.

CARD STATE WHEN SIGNING THE APPLICATION

- Card with the number in application is turned to the bank and destroyed in my presence lost

Card with the number in application is turned to the bank.

Cardholder's signature

| |
|---|
| ✓ |
|---|

Date:

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

CARD RECEIPT:

from the Bank

deliver to the address: city: _____ street: _____ building: _____

apartment: _____ landmark _____

Estimated time of delivery (date and time): ____/____/____ : ____
date time

Cardholder's signature

| |
|---|
| ✓ |
|---|

This signature is to confirm that I request you to issue the card on the conditions specified in the section "Card Receipt"

BANK'S OFFICIAL REMARKS

Card Account number:

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

| Official action/decision/remarks | Full name of the employee | Signature |
|--|---------------------------|-----------|
| The Application and the card (if not lost) are accepted by | | |
| Agreed by: | | |