

**Antigua Commercial Bank
P O Box 95
St. John's Antigua, W.I.**

International Debit Card

Application Form

CIF No.

Application No.

PERSONAL INFORMATION (Principal Applicant)

Mr. Mrs. Ms.

Surname First & Other Names.....

Date of Birth (dd/mm/yy) Birth Place..... Nationality.....

Home Address.....

Mailing Address (if different from Home Address)

Email Address:

Telephone No.: Home.....

Work

Mobile

Employer

Employer's Address.....

No. of years/months with employer (yy/mm)

**U.S. BILLING ADDRESS YOU WISH TO BE ASSOCIATED WITH YOUR ACB
INTERNATIONAL DEBIT CARD**

Street

City State Zip Code.....

PERSONAL INFORMATION (Co-Applicant)

Mr. Mrs. Ms.

Surname First & Other Names.....

Date of Birth (dd/mm/yy) Birth Place Nationality.....

Home Address.....

Mailing Address (if different from Home Address)

Email Address

Telephone No.: Home.....

Work

Mobile

Employer

Employer's Address.....

No. of years/months with employer (yy/mm)

Select Card: ACB Visa Gold

ACB Visa Classic

Bank Account(s) to be included										
ACCOUNT TYPE	ACCOUNT NUMBER									JOINT
PRIMARY ACCOUNT <input type="checkbox"/> Chequing <input type="checkbox"/> Savings (if no chequing)										<input type="checkbox"/> YES
										<input type="checkbox"/> NO
SECONDARY ACCOUNT <input type="checkbox"/> Chequing <input type="checkbox"/> Savings (if no chequing)										<input type="checkbox"/> YES
										<input type="checkbox"/> NO

DECLARATION

I/We the undersigned hereby apply for an Antigua Commercial Bank International Debit Card. I/We confirm that the information given here is true and correct and shall form the basis of this contract. I/We hereby authorize the Bank to make enquiries which the bank may deem necessary in order to confirm any of the above particulars and each source of your enquiries hereby authorized by me/us to provide any required information. Any changes in the above information will be notified to you in writing as outlined in the terms and conditions governing this agreement. I/We authorize you to debit from the bank account/s identified unspecified amounts due to the bank (inclusive of all bank charges) each banking day in full repayment of all indebtedness under this agreement and further authorize you to debit the account/s with such amounts in precedence to any other payments from the account/s. I/We undertake to comply with the terms of the Cardholders' Agreement as amended from time to time. Use of my Antigua Commercial Bank International Debit Card and/or PIN at any ATM, Point of Sale device or other such device as may be introduced by the Bank shall evidence receipt of such agreement.

Applicant Signature Date

Co-Applicant Signature Date

DECLARATION FOR MINORS

I parent/guardian hereby consent for an International Debit Card be issued to and to accept liability for all clauses contained in the Cardholders Agreement.

Signature of Parent/Guardian

FOR INTERNAL BANK USE ONLY

	INDICATE IDC NUMBER ASSIGNED BELOW								CARD TYPE ISSUED			
									<input type="checkbox"/> GOLD	<input type="checkbox"/> CLASSIC		
CARD A												
CARD B												
EXPIRY												
	M	M	Y	Y								
APPLICATION TAKEN BY _____												
AUTHORISED BY _____												
EMBOSSSED BY _____												
PROCESSED BY _____ DATE _____												

Received from Antigua Commercial Bank Visa Debit Card in the name(s) of

.....

Number (s) and

Valid until

Signature:
Cardholder (Principal)

Issued by:
Bank Official

**Antigua Commercial Bank
P O Box 95
St. John's Antigua, W.I.**

International Debit Card

Business Card Application Form

CIF No.

Application No.

User's Section

Company Name (legal)

User Name

Date of Birth (dd/mm/yy)..... Title (Mr, Mrs, Ms).....

Country of Birth Nationality

Country of Residence

Company name on Card

Position in Company Years with Company

Home Address

Telephone No: Work..... Fax No.
Home
Mobile Email Address

Everything that I have stated in this application is correct to the best of my knowledge.

User Signature Date:

Company's Section

Card Limit (To be completed by Company)

ACB Visa Gold:

ACB Visa Classic

Name of Company (legal)

Type of Business Year of Incorporation.....

No. of Employees

Mailing Address

Physical Address

Telephone No. Fax No.

Email

Company name as it should appear on the Business Card:

Contact Person: Job Title:

Authorized Signature Authorized Signature

Type of Property: Private Public Gov't

Offices: Owned Rented

Public Company: Yes No

Bank A/C #.....

Bank Name:

Address:

Everything that has been stated in this application is correct to the best of our knowledge.

A) Each user must complete the application form

B) Please supply the following documents with the Application Form:

- i) Copy of Certificate of Incorporation
- ii) Memorandum and Articles of Association or by-laws of the company
- iii) Bank reference and/or 6 months bank statements

The company and all users of the account agree to the terms and conditions of the Antigua Commercial Bank International Debit Card Agreement and authorize you to debit from the bank account identified unspecified amounts due to the bank (inclusive of all bank charges) each banking day in full repayment of all indebtedness under this agreement and further authorize you to debit the account with such amounts in precedence to any other payments from the account.

FOR BANK USE ONLY

	INDICATE IDC NUMBER ASSIGNED BELOW								CARD TYPE ISSUED			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CARD A												
CARD B												
EXPIRY												
	M M Y Y											
APPLICATION TAKEN BY _____												
AUTHORISED BY _____												
EMBOSSSED BY _____												
PROCESSED BY _____										DATE _____		

Received from Antigua Commercial Bank Visa Debit Card in the name(s) of

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Number (s) and

Valid until

Signature:
Cardholder (Principal)

Issued by:
Bank Official