

REQUEST FOR THE ISSUE OF THE BUSINESS CHARGE CREDIT CARD

CARD DATA

CADI SE	
	9010
	VISA
	VISA

VISA Business Silver – CHARGE credit card

VISA
DATA ON THE LEGAL ENTITY - ENTREPRENEUR
Legal entity Entrepreneur
Full name of the legal entity / entrepreneur
Indicate the name of the legal entity/entrepreneur on the card, but do not use more than 24 letters including spaces
Headquarters of the legal entity/address of the Entrepreneur
Registration number of the legal entity/Entrepreneur, Activity code, Tax identification number
Current account number Place and address of delivery of the statement / notice:
Person authorized to represent the legal entity, Contact phones, Email address, Person authorized to
contact the Bank, Contact phones Email address
I want to receive SMS notifications on card transactions on this number <a> Mobile phone number
I apply for a credit limit of RSD
DATA ON THE USERS OF THE PAYMENT CARDS
UMCN SEX: M = F
Name, parent's name, surname, Date and place of birth, Place and address of
residence
Indicate your first and last name on the card, but do not use more than 24 letters including spaces / Please enter the password
* necessary for the identification of the Client Limits for the Client: DailyRSD_ Monthly:RSD_
Signature of additional card holder
UMCN, Date and place of birth, Place and address of
residence
Phone number, Email address ID number, issued by PD
Indicate your first and last name on the card, but do not use more than 24 letters including spaces / Please enter the password
* necessary for the identification of the
Limits for the Client: Daily RSD Monthly: RSD
Signature of additional card holder
UMCN, Date and place of birth, Place and address of
residence
Phone number, Email address ID number lissued by PD
Indicate your first and last name on the card, but do not use more than 24 letters including spaces / Please enter the password
* necessary for the identification of the
Limits for the Client: Daily RSD Monthly: RSD
Signature of additional card holder

APPROVAL FOR THE REPORTING OF THE CREDIT BUREAU REPORT

I hereby authorize the applicant to obtain a report from the Credit Bureau with information on the financial obligations of the legal entity/entrepreneur I represent, as well as on its regularity in the

settlement of those obligations. The report may only be used for the purpose of obtaining a payment card/s.

I hereby irrevocably and unconditionally authorize API bank a.d. Beograd to charge the account of the legal entity, entrepreneur I represent with the amount of the fee for the report of the Credit Bureau and transfer these funds to the account of the Bank.
Under full moral, material and criminal responsibility, I declare that the above information is true and that it can be documented, and that I am familiar with the General Rules and Conditions of

API Bank a.d. Beograd and I am in agreement with them.

	
Date	Signature of person authorized for representation



REQUEST DATA	-filled by the bank (for internal use)-		REQUEST DECISION	
Place of request submission Request number Date of receipt of the request: Request received by:	The request for the issu APPROVED Odobreni kreditni limit Decision Date:	ue of card number REJECTED tod:	POSTPONED RSD,	
	Basic card no. Additional card no. Additional card no. Party No.: Request approved by		me / signature):	