



CHOICE CAPITAL PRIVATE BANKING
CHOICE BANK CARD SERVICES

INDIVIDUAL CREDIT CARD APPLICATION FORM

Applying for MasterCard	<input type="checkbox"/> Standard	<input type="checkbox"/> Gold
-------------------------	-----------------------------------	-------------------------------

PERSONAL CARDHOLDER INFORMATION

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.
Last Name				
First Name				
Middle Name				
Date of Birth (MM/DD/YY)				
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Home Address				
Mailing Address				
Home Address				
Telephone Number – Work				
Telephone Number – Home				
Email				
Occupation				
Employer’s Name				
Employer’s Address				
Name of Spouse				
Spouse’s Occupation				
Print the way you would like name to appear on card (26 characters limit)				



CHOICE CAPITAL PRIVATE BANKING
CHOICE BANK CARD SERVICES

ADDITIONAL CARDHOLDER'S INFORMATION

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.
Last Name				
First Name				
Middle Name				
Date of Birth (MM/DD/YY)				
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Occupation				
Employer's Name				
Employer's Address				
Name of Spouse				
Spouse's Occupation				
Telephone Number – Work				
Telephone Number – Home				
Print the way you would like name to appear on card (26 characters limit)				

CREDIT LIMIT REQUIRED

US\$	Minimum US\$1,000 – Higher limits in multiples of \$500
------	---

SIGNATURES

If this application is approved, please open a Credit Card Account in my name, issue a Credit Card on the account to me and all other applicants who are signing this application, and periodically renew or replace the card(s). I certify that all information I have supplied to you (Choice Bank Limited) in this application is true and complete. I agree to be bound by the Cardholder Agreement (as varied from time to time by you at your discretion) that you will send me at the same time you issue, renew, or replace the Card(s). If I sign, use or accept my Card, it will mean that I have received and read the Cardholder Agreement and that I have understood and agreed with you with respect to everything written



CHOICE CAPITAL PRIVATE BANKING
 CHOICE BANK CARD SERVICES

therein. I will be liable to you for all amounts charged to the account with, or in connection with, my Card.

If there is more than one applicant, we will be jointly and severally liable to you for all of that debt, and all other terms that we have agreed to with you, here and in the Cardholder Agreement.

I authorize you to request financial information and references from any other financial institution.

Signature of Applicant	Date
------------------------	------

Signature of Additional Applicant	Date
-----------------------------------	------

SECURITY AGREEMENT

To: Choice Bank Ltd (The Bank)

In consideration of your granting credit facility on a Credit Card Account or any other banking accommodation to the Cardholder and/or Additional Applicant(s) named in this Application or any future Additional Applicant on the Credit Card Account at my/our our request, I/We, the Chargor(s), undertake to maintain at all times a deposit at your Bank in US Dollars and/or other approved currency equivalent to 150% of any present or future approved Credit Limit on the Credit Card Account and as beneficial owner of the deposit to charge to the fullest extent permitted by law all my/our rights, title and interest in the deposit by way of first fixed charge as security for the payment and satisfaction of any outstanding liabilities on the Credit Card Account whether or not the liabilities may exceed the approved Credit Limit. This charge shall be a continuing security and shall extend to the ultimate balance of the liabilities and shall continue in force notwithstanding any intermediate payment in whole or in part of the liabilities.

The Bank's rights thereunder are in addition to and not exclusive of those provided by law If the Cardholder or Additional Applicant(s) fails to meet any liabilities when due, or upon any demand for payment from the Bank, the Bank may, immediately or at any time thereafter, without prior notice to the Chargor(s), apply or appropriate the deposit in or towards the payment or discharge of the liabilities in such order as the Bank sees fit. This Security Agreement and the deposit shall be governed by the laws of Belize.

Chargor

Chargor

Witness	Date
---------	------

Please Note: The Bank reserves the right to make a final decision on what card will be issued.