



National Bank of Vanuatu Limited  
**Mastercard Debit Card  
 Application Form**



Date Requested

/  /

Ordering Branch No.

**Section 1: Customer Details**

New Customer  Existing Customer

**(A) Customer Type**

Person Customer  Joint Customer

*It must be completed when the applicant is Joint customer party and the card will be linked to the Joint customer account*

**(B) Customer Number**

Person/Joint Customer Party No.

*It must be completed for Person and Joint customer types*

Joint Customer No.

*It must be completed for Joint customer party only*

**(C) Customer Information (Person & Joint Customer Party)**

First Name

Middle Name

Surname / Last Name

Other Name Know By (if any)

Date of Birth

/  /

Email

Residential Address

Postal Address

Home Tel No.

( )

Mobile Tel No.

( )

Work Tel No.

( )

**(D) Bank Officers Action (C = CSO/Teller & S = Supervisor/Manager)**

	<b>C</b>	<b>S</b>		<b>C</b>	<b>S</b>
Customer Identified	<input type="checkbox"/>	<input type="checkbox"/>	BankNet input/updated	<input type="checkbox"/>	<input type="checkbox"/>
			ID documents valid	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2: Card Application**

**(A) Card Type**

Individual Card

**(B) Card Request**

New Card  Re-Issue Card  Replacement Card (Active)  Replacement Card (Inactive)

*For lost, stolen card or forgotten PIN*

*For damaged card or cardholder name change*

Cancel Card  Linked Account Change

### (C) Card Details

Cardholder Name

The name on the card. It must be completed for card order requests. No courtesy titles (e.g., Mr., Mrs., Dr, etc.)

Linked Account

It must be Mastercard Vatu account product

Original Card No.

It must be completed for card requests different than New Card

Savings Account

Cheque Account

It is used for Domestic terminals selection

### (D) Delivery Details

Receiving Branch No.

The branch number where the card is to be delivered

### (E) Customer Declaration

By signing below, I hereby declare that the information provided and selected above is true and correct to the best of my knowledge.

I have read and understood the National Bank of Vanuatu Limited Electronic Banking Conditions of Use. I accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, as its sole discretion without any notice to me.

I understand and acknowledge that I will have no claim on the bank in the event that the request results in any liabilities or losses incurred by me.

Cardholder Signature

### (F) Bank Officers Action (C = CSO/Teller & S = Supervisor/Manager)

Customer Identified	<input type="checkbox"/>	<input type="checkbox"/>	Correct cardholder name	<input type="checkbox"/>	<input type="checkbox"/>	Card hold input	<input type="checkbox"/>	<input type="checkbox"/>
Mastercard account open	<input type="checkbox"/>	<input type="checkbox"/>	PostCard input	<input type="checkbox"/>	<input type="checkbox"/>	Deactivate card	<input type="checkbox"/>	<input type="checkbox"/>
Method of Operation	<input type="checkbox"/>	<input type="checkbox"/>	Collection request	<input type="checkbox"/>	<input type="checkbox"/>	Collected fee	<input type="checkbox"/>	<input type="checkbox"/>
Linked account change		<input type="checkbox"/>						

## Section 3: Bank Officers

### (A) Officer Responsible

#### Ordering Branch

CSO/Teller Name

Staff No.

Supervisor/Manager Name

Staff No.

Signature

Signature

#### Receiving Branch

It must be completed if the card is collecting not from the ordering branch

CSO/Teller Name

Staff No.

Supervisor/Manager Name

Staff No.

Signature

Signature

## Section 4: Card Collection

### (A) Customer Declaration

By signing below, I hereby acknowledge that I have received the requested card listed below and PIN mailer (if applicable):

Card No.

5	2	6	4	9	9	*	*	*	*	*	*				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Date Received

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Cardholder Signature

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### (B) Bank Officers Action *(C = CSO/Teller & S = Supervisor/Manager)*

	<b>C</b>	<b>S</b>		<b>C</b>	<b>S</b>
Customer Identified	<input type="checkbox"/>	<input type="checkbox"/>	Activate card	<input type="checkbox"/>	

## Section 5: Bank Officers

### Officer Responsible

CSO/Teller Name

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Staff No.

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Supervisor/Manager Name

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Staff No.

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Signature

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Signature

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