I



RELIANCE BANK LIMITED VISA DEBIT CARD APPLICATION

Please complete all sections of this form in BLOCK CAPITALS in black ink Please complete all relevant sections of this form in BLOCK CAPITALS in black ink

About you	
Account number	
Title	
First name	
Middle nene (s)	
Middle name(s)	
Surname	
Address	
	Postcode
Date of birth	
Telephone number	
Mobile number	
Email address	
Security questions for cardholder	
What is your favourite colour?	
Where is your favourite place?	
What is your favourite book?	
Vhat is your mother's maiden name?	
Marketing purposes	
Ve may telephone or send you infor ermission to do so.	rmation about our products which we think may be of interest to you, but we do need your
do wish to receive marketing by	Post Telephone Email

Registered Office: Reliance Bank Limited, Faith House, 23-24 Lovat Lane, London EC3R 8EB
Registered in England No. 68835. Reliance Bank Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct
Authority and the Prudential Regulation Authority.



Cardholder's declaration

I accept and agree to be bound by the Reliance Bank Visa Terms & Conditions for the Reliance Bank Corporate Visa Debit Card, and any subsequent amendments.

In the case of an account held in joint names, I can confirm that I have authority alone to operate the account in accordance with the bank mandate.

I accept that my personal data will be passed to TietoEvry Corporation, in association with the production of my Reliance Bank Visa Debit Card and my data will be processed in accordance with your Privacy Policy and Visa Debit Card Terms & Conditions.

Signature:	Date:
FOR BANK USE ONLY - This cardholder account has the following amounts	s approved
ATM£	POS £
I confirm the total facility of £ has been approved.	
Signature	Date:
Position	
Customer Service	
Card ordered as per the above ATM & POS limits.	
Signature	Date:

Reliance Bank Limited

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London EC3R 8EB

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e-mail: info@reliancebankltd.com

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Company Registered in England. Registered Number 68835.