

## 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 name(s)	
	Surname	
	Address	
		Postcode
	Date of birth	
	Telephone number	
	Mobile number	
	Email address	
Se	curity questions for cardholder	
	What is your favourite colour?	
	Where is your favourite place?	
	What is your favourite book?	
Wha	at is your mother's maiden name?	
	Marketing purposes	
	may telephone or send you infor nission to do so.	mation about our products which we think may be of interest to you, but we do need your
l do	wish to receive marketing by	Post 🗌 Telephone 🗎 Email 🔲



## Cardholder's declaration

I accept and agree to be bound by the Reliance Bank Personal Visa Debit Card Terms & Conditions 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 Transact Pay, 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.

I request a Reliance Bank Personal Visa Debit Card to be issued to the above applicant, with the following 24 hour rolling limits\* of POS £1,000 & ATM £250 and I understand that each transaction is liable for a charge, in accordance with our agreed tariff.

Signature:		
	Date:	