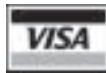




APPLICATION OF VIRTUAL VISA CARD ISSUANCE



Prior to filling in the application, study the provisions of AB PAREX bankas Payment card agreement and the rates of fees. Your personal information will be strictly confidential. The application should be completed in capital letters.

CARDHOLDER INFORMATION

Name, family name																
Name, family name on the card																
Birth date				Personal code												
Passport No.											Issuing authority					
Date of issue				Password for telephone communication (e.g. mother's maiden name)												
Home address																
Home phone No.											Mobile phone No.					
E-mail																

Monthly statement receipt: to home address collection at the Bank by e-mail to another address

Another address for statement receipt:

You are: employed enterprise owner pensioner student secondary school student unemployed

other

INFORMATION ABOUT EMPLOYMENT / EDUCATION ESTABLISHMENT

Company name											Phone No.					
Position											Fax No.					
Address											Employed since					

FINANCIAL INFORMATION

Monthly income after tax

You are: house owner apartment owner tenant living with parents

OPTIONS

I would like to receive Virtual VISA card, with the account to be opened:

in LTL in USD

linking it with AB PAREX bankas VISA card No.

I would like to receive Virtual VISA and VISA Electron cards, with their accounts:

to be linked and opened: in LTL in USD

to be separated, including: Virtual VISA account opened: in LTL in USD

VISA Electron account opened: in LTL in USD

APPLICATION

I hereby **CERTIFY** that the information given in this application is complete and true. I undertake to immediately inform of any changes related to the information given herein.

I **UNDERTAKE** to pay all charges for the Payment card and for the supplementary card as fixed in the pricelist approved by the Bank.

I **AUTHORISE** the Bank to debit my Card account with all expenses related to Payment card holding, including the charges for issuance of the Payment card and the account administration fees. If for any reason whatsoever my Card account should be overdrawn, I entitle the Bank, by other than dispute procedure, to withhold the overdrawn amount from my other Bank accounts, and I undertake to indemnify the Bank against the losses made. Should my other bank accounts have zero balances, my debt to the Bank shall be covered in the procedure set in the laws of the Republic of Lithuania.

I hereby **CERTIFY** that I have studied the provisions of the Bank Payment Card Agreement, and am committed to follow them.

Name, family name											signature						date					
I have received a Virtual VISA Card No. <input type="text"/>																						
I have received a VISA Electron card No. <input type="text"/> and PIN code received:																						
Name, family name											signature						date					

FOR BANK STAFF ONLY

Branch office of AB PAREX bankas

Position of the Bank employee											signature						date					
The application form accepted by																						

The application to be applied rejected initial payment deposit credit number of cards issued

Place for seal