

Application for issuance of

- a Nordea Platinum card and for granting a card limit
- a Nordea Platinum card with an additional card and for granting a credit limit
- an additional Nordea Platinum card

Part A To be filled in by the Applicant

Please, fill in the application in block letters and indicate pertinent data with an 'X' in the appropriate fields.
 If the application pertains only to the additional card, the Applicant fills in only the Application fields starting from item 32 onwards

Applicant

1. Name / names

2. Surname

3. Name and surname to be placed on the card (maximum 25 characters including spaces)

4. Female

Male

5 Nationality

6. Mother's maiden name

7. Date of birth

day

Month

Year

8. Place of birth

9. Series and number: of personal ID document/passport

10. PESEL number

11. Address for correspondence:

street

House No

Flat number

Code

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Town/city

Province

12. home telephone number (plus area number)

13. company telephone number (plus area number)

14. mobile phone number

15. e-mail contact number

Information relating to the requested card:

16. The requested amount of card limit (the limit amount cannot be lower than PLN 50.000)

PLN

17. I give up the card if the granted limit is lower than:

PLN

18. I apply for the issuance of an additional card(s), to indicated person(s)

YES

NO

19. Collection of the card:

collected personally at Bank Branch

please send the card by courier

Information about the Applicant:

20. Total amount of my monthly net income: PLN transferred to a ROR account in the Bank/in another bank*

21. have been a ROR holder for: Months

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If the Applicant has a ROR account number in Nordea Bank Polska S.A.. In the case of selection of the option of automatic repayment of credit card (point 27 of the application) number of the account in Nordea Bank Polska S.A., from which the repayment is to be made.

22. I apply for an electronic channel of access to the credit card account

The customers of the Internet Branch will be provided with an electronic access channel regardless of the selection of the option above, unless they already have such access.

23. Static password for the electronic access channel

The static password should be made up of minimum 4, and maximum 8 characters

The basis for granting a Nordea Platinum card:

24. Income from: employment/ disability pension/ old age pension/ self-employment/ other.*.....

25. Collateral: security deposit/ blocked term deposit/ assignment of rights to insurance policy/ other.....*;

Collateral value: PLN

26. I undertake to pay the liabilities resulting from the use of the credit card by:

6th day of month 12th day of month 18th day of month 25th day of month 30th day of month

27. Please, collect the amounts due in connection with the use of the credit card from my current account in the amount of:

5% of the amount due 100% of the amount due % of the amount due

28. Number of dependants:

29. Marital status: single married separated

30. My relationship with spouse is based on: joint marital estate separate marital estate not applicable

31. Financial liabilities: I do not have any financial liabilities

a). resulting from granted renewable loans/payment cards:

Bank name	renewable loan	charge card	credit card
	limit amount	limit amount	limit amount

b). resulting from credits, loans granted by banks and non-banking institutions:

Bank name/institution	amount remaining to be repaid (in PLN)	monthly installment (in PLN)	date of repayment of last installment (dd-mm-yyyy)

c). Other financial liabilities:

Title	Monthly repayment amount

* delete when necessary

7. I, the undersigned give my consent to Biuro Informacji Kredytowej S.A. based in Warsaw – Biuro Obsługi Klienta at ul. Pruszkowska 17 for the collection, processing and making available information concerning my person, delivered by the Bank as well as banks' enquiries, constituting confidential banking information, compiled in connection with the application filed by me and having the effect of banking actions undertaken by the Bank, for a period of no more than 2 years from the date when Biuro Informacji Kredytowej S.A. receives such information or enquiry, to the extent permitted by the Act of 29 August 1997- Banking Law and other acts of law.

I agree

I do not agree

8. I declare that I give permission for the processing of my personal data by the Bank for the purpose of offering other Bank products and services, including the purpose of sending commercial information by electronic channels.

I do not give my permission

9. I authorize Nordea Bank Polska S.A. to issue an additional payment card with a PIN for the above-mentioned person. At the same time I grant the above-mentioned person a specific authorization entitling the person only to execute transactions debited to my account/card account.

place where application is submitted

Date of submission of application (dd-mm-yyyy)

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Applicant's specimen signature

Specimen signature of User of additional card

* delete when necessary

Notes:

- The specific information concerning the types of required documents can be obtained at the Bank Branches and by calling the infoline number 0 801 66 73 32 (cost of a local call per each commenced minute) or +48 58 3 000 000 if you call from a mobile phone or from abroad.
- Nordea Bank Polska S.A. may request the Applicant to submit additional documents required for making the decision to issue the card, and it also reserves the right to verify the data contained in the application and to extend the period of considering the application and the period necessary to issue the card.
- Nordea Bank Polska S.A. reserves the right to make a negative decision concerning the issuance of the card without specifying the reasons.

Part B To be filled by the Bank

Confirmation of the receiving of the Application by the Bank Branch:

stamp and signature of person who accepts the Application

Date of acceptance of application

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Seller's code:

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Branch code

Customer's ID****

Decision was made to

issue the card

refuse to issue the card

A limit was granted in the amount of

 PLN

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Card account number

Card number

Date

stamp and signature of person who accepts the application

** - employee's system ID

*** - in the OABC1 format (e.g. OGDY1)

**** - fill in if the future card user has an ID

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Platinum

