

PRE-APPROVED CREDIT CARD APPLICATION FORM

PLEASE REMEMBER TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION

Government ID: Driver's License, Passport, National ID,		Tax ID: TRN, SSN, TIN, EIN, NI, TIN	
I am applying for: GOLD <input type="checkbox"/> PLATINUM <input type="checkbox"/>		VMBS Account #:	
GENERAL INFORMATION			
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/>			
Name:	First:	Middle Initials:	Surname: Maiden:
Date of Birth (dd/mm/yyyy)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other: <input type="checkbox"/>			
Mother's Maiden Name:			
Politically Exposed Person (PEP): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mailing Address:			
Email Address:			
Telephone Number:		Home	Cell
ID Type: Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Other: <input type="checkbox"/>			
Identification Number:		Country Issued:	
Tax ID Type: TRN <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/> NI <input type="checkbox"/> ITIN <input type="checkbox"/>			
Tax ID Number:		Country Issued:	
Current Home Address: <small>(Apartment #, Street # and Street Name)</small>			
District/Town/City:			
Parish/State:		Country:	Zip Code:
Employment Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="checkbox"/>			
Occupation:		Job Title:	Gross Monthly Income:
Employer's Name:			
Employer's Address: <small>(Street # and Street Name)</small>			
District/Town/City:			
Parish/State:		Country:	Zip Code:

CARD ISSUANCE INFORMATION

Preferred Location for Card Delivery:	In-Branch: <input type="checkbox"/>	Courier: <input type="checkbox"/>	Branch Name
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TERMS AND CONDITIONS

In this Application "You and Your" means the Applicant and Additional Applicant. "We, our, us and VMBS" mean The Victoria Mutual Building Society.

Upon signing this Application Form, you request that We issue a Credit Card account for each person indicated in this Application.

1. By signing this Application, you confirm that the information You have given to us in this Application is accurate and complete.
2. VMBS is authorized to verify all information submitted by the Applicant with other sources and You authorise us to give information about You to Credit Bureaus and other financial institutions. We may also conduct checks with the Credit Bureau and charge You a fee for this service and charge the fee to Your Card Account or any other account held with VMBS.
3. VMBS is authorized to share the information provided herein with other partners including but not limited to, card issuers, card associations and other Subsidiaries within the VM Group at the discretion of VMBS.
4. You agree to read and abide by the Terms of this Application and the VMBS Credit Card Cardholder's Agreement and the terms of the Agreement regarding the services You may obtain with the Card.
5. You understand that if You do not want to be bound by the Credit Card Cardholder Agreement, the card(s) must be returned to VMBS.
6. You are required to visit our website at www.myvmgroup.com and review our Credit Card Schedule of Fees and Charges and the Terms and Conditions before using the Card.
7. You understand that the use or retention of the Card shall be evidence of Your acceptance of the VMBS Credit Card Cardholder's Agreement.
8. The Primary Credit Cardholder is fully liable for all transactions made by the Additional Cardholders including minors in the use of the Credit Card.
9. Additional Cards will attract all applicable charges. If any Card is lost or stolen all Cards on the Account will be blocked for security reasons.
10. The transactions of the Additional Cardholders will not be shown separately from the transactions of the Primary Cardholder on the Statement.
11. All Cardholders share the Primary Cardholder's Credit Limit regardless of the number of Cards on the Account.
12. VMBS may apply a fee to Your Credit Card Account for each Card issued to You and/or Your Additional Cardholder.
13. You undertake to advise VMBS promptly and provide an updated self-certification of Residency Form within 30 days where a change in circumstances occurs which causes any of the information contained in this form has changed.
14. I hereby consent to VMBS sharing (whether directly or indirectly) with tax authorities or such other party the information contained in this Form and/or a copy of this Form, information pertaining to my accounts with the VM Group and to disclose any additional information or documentation in the possession of VMBS that is relevant to my tax residency status.

DECLARATION OF TAX RESIDENCY

I hereby confirm that I am, for tax purposes, a resident in the following countries:

Country/Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

Signature of Applicant: _____

Date: _____

FOR OFFICIAL USE ONLY	
CIF #:	Credit Limit:
Reviewers Signature:	Reviewers Name:
Department/Unit:	Review Date: