VM BUSINESS ADDITIONAL CREDIT CARDHOLDER FORM

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m myvmgroup.com

VM Building Society

Transform Your Everyday

VM BUSINESS ADDITIONAL CREDIT CARDHOLDER FORM

PLEASE REMEMBER TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION

Government ID: (Passport, Driver's License, National/Voters) & TRN for each Director/Partner/Cardholder

BUSINESS INFORMATION

Company Name:
1. Company name for Card should not exceed 21 characters.
2. Write the 'Company Name' in the space provided as it should appear on the card.

Legal Name of Business | Business TRN: Yes ☐ No ☐ | TRN #:

Legal Address | Street | City/Town

Parish | Country

Mailing Address | Street | City/Town

Parish | Country

Business Telephone # | Business Email Address | Business Fax #

Director ☐ Owner ☐ First Name | Last Name | Middle

TRN | ID Type

ID Number | ID Expiry Date

Address

Telephone # | Mobile Number | Email Address

Director ☐ Owner ☐ First Name | Last Name | Middle

TRN | ID Type

ID Number | ID Expiry Date

Address

Telephone # | Mobile Number | Email Address

TYPE OF REQUEST

Supplemental Card ☐ | New Credit Card Account ☐

If you are requesting a supplemental card to be registered to the company, please input the following information

ACCOUNTHOLDER

Please input the credit card account information that the supplemental card must be

First Name | Last Name | Middle

Product Name | ID Type

ID Number | ID Expiry Date | Credit Card Number (last 4 digits) X X X X X X X X X X X X

Would you like to set a spending limit per billing cycle to your supplementary card? Yes ☐ No ☐ | If yes, % of credit limit

SUPPLEMENTAL CARDHOLDER INFORMATION

Ensure ID & TRN is submitted for all cardholders being added to your Company's Business Card

Cardholder

Title	First Name	Last Name	Middle
Job Title			
TRN		ID Type	
ID Number		ID Expiry Date	Date of Birth
Telephone #	Mobile Number		Email Address
Signature			

NEW CREDIT CARD ACCOUNTHOLDER INFORMATION

Ensure ID & TRN is submitted for all cardholders being added to your Company's Business Card

Cardholder

Title	First Name	Last Name	Middle
Job Title			
TRN		ID Type	
ID Number		Date of Birth	
Telephone #	Mobile Number		Email Address
Do you have a VM Bank Account? Yes ☐ No ☐		If yes, please provide the account number	
Credit Limit		Signature	

DECLARATION

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, I request that VMBS 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 also the terms of the Agreement regarding the services You may obtain with the Card. Any user of the Account agrees to the Terms and Conditions of the Cardholder's Agreement and assumes full responsibility for all transactions and charges on the Account and You promise to repay all credit extended to the Applicant pursuant to this Application.
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 https://vmbuildingsociety.myvmgroup.com/platinum-business-credit-card/ and review our Credit Card Schedule of Rates and Fees 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 Applicant is fully liable for all transactions made by the Additional Cardholders.
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 be shown on a separate Statement.
11. All Cardholders will have an assigned Credit Limit associated with the Credit Card Account.
12. VMBS will apply a fee to Your Credit Card Account for each Card issued to You and/or Your Additional Cardholder.
13. I consent to exchange with other Agents including associated overseas contractors, card issuers and card processors information concerning Your transactions and credit history.
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 and is relevant to my tax residency status.

_____ Title Name of Owner/Director/Company Secretary	_____ Signature	___/___/___ (Month / Day / Year)
_____ Title Name of Owner/Director/Company Secretary	_____ Signature	___/___/___ (Month / Day / Year)

Company Seal to be affixed here

INTERNAL USE ONLY

Business CIF	New Credit Card Accountholder Name & CIF
Supplemental Cardholder Name and CIF	Approved By
Signature	Date