

# Supplementary Card Application Form

PRIMARY ACCOUNTHOLDER															
Last Name:							ID Type:								
First Name:							ID Number:								
Middle Name:							ID Expiry Date:								
Product Name:															
Credit Card Number:	X	X	X	X	X	X	X	X	X	X	X	X			
Would you like to set up a spending limit per billing cycle to your supplementary card? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If yes, _____ % of credit limit?															

SUPPLEMENTARY CARDHOLDER													
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female							Date of Birth:						
Title:							Country of Birth:						
Last Name:							Occupation:						
First Name:							TRN:						
Middle Name:							Mobile Number:						
Mother's Maiden Name:							VM Member: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other													
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> National ID <input type="checkbox"/> Other Govt. ID													
ID Number:							ID Issued Date:						
Country of Issue:							ID Expiry Date:						
RESIDENTIAL ADDRESS													
Apt Number:							Parish:						
Street Number:							Country:						
Street Name:							Time at current residence:						
MAILING ADDRESS													
Apt Number:				Street Number:				Street Name:					
Preferred Branch:							Card Issuance:						

## TERMS AND CONDITIONS

In this Application “You and Your” means the Applicant and Co-Applicant. “We, our, us and VMBS” mean The Victoria Mutual Building Society.

Upon signing this Application Form, You request that We issue an additional Credit Card on Your 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.
3. VMBS is authorized to share the information provided herein with other partners including but are 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. 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.
5. You are required to visit our website at [www.myvmgroup.com](http://www.myvmgroup.com) and review the Terms and Conditions before using the Card.
6. You understand that the use or retention of the Card shall be evidence of Your acceptance of the VMBS Credit Card Cardholder’s Agreement.

Primary Cardholder’s Signature

Supplementary Cardholder’s Signature:

\_\_\_\_\_

Date

\_\_\_\_\_

Date

The Primary Credit Card Account must be opened and in good standing at the time of qualification for the additional card. The Primary Credit Cardholder is fully liable for all transactions made by the Additional Cardholders including minors in the use of the Credit Card. 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. The transactions of the Additional Cardholders will not be shown separately from the transactions of the Primary Cardholder on the Statement. All Cardholders share the Primary Cardholder’s Credit Limit regardless of the number of Cards on the Account.

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