

FOR BANK USE ONLY

New **nbs Debit Mastercard** card number

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Customer number

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1. Customer Information - This information will be treated in the strictest confidence

Applicant must be at least 18 years old.

First name(s)

Surname

Title

Mr	Mrs	Miss	Ms	Dr	
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Other

Home address

Postcode

Telephone home

Work

Email address

2. Accounts you'd like to access

I would like to access the following accounts with my Debit card (Please select default account)

Default Account

Account Type

Cheque

Savings

Account number:

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3. How would you like your name to appear on your card?

Name to appear on card (Max. 20 characters - please print)

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4. Declaration and Authorisation

Terms and Conditions

I understand that this application is made subject to the following:

- Banking Terms and Conditions;
- Debit Card Conditions of Use;

Copies of the terms and conditions may be obtained from any **nbs** branch and from www.nbs.ws

I agree to be bound by the terms and conditions by signing this declaration form.

Important Information

- **nbs** is under no obligation to approve this application or provide a reason should the application be declined.
- Relevant fees, interest and other charges will apply to any products or services from the date of issue.
- When you are dealing with us by telephone, your conversation may be recorded for verification or training purposes.

Customer's signature

Confidentiality of your information

The Banking Terms and Conditions set out how we will use information we collect about you and with whom we can share it.

By making this application, you authorise us to:

- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.
- I have had the opportunity to review and I confirm that the information has been recorded correctly.

Date

D	D	M	M	Y	Y	Y	Y
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FOR BANK USE ONLY

Customer internal number

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ID (2 types) - list details

1.	
2.	

Staff member's signature

Staff member's name (block letters)

Signature(s) verified

Date

D	D	M	M	Y	Y	Y	Y
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Branch

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Date stamp