

# Request for Change of Status and Terms for Mastercard Business Debit Card

Please fill in the necessary information accurately. Request shall be considered valid if the application is signed by the applicant.

## Information on the Applicant - Business Entity

Business Entity Name*	
Tax number (OIB)*	Register Identification Number*
Number of IBAN account opened with Erste&Steiermärkische Bank d.d.**	

## Authorized Representative

First and last name**
Tax number (OIB)**

## Authorized Card User data:

a / First and last name**																					
Tax number (OIB)**	Card number** <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td></tr></table>											X	X	X	X	X	X				
										X	X	X	X	X	X						
Mobile phone**																					

## Card Status Change:

Replacement card order	<input type="checkbox"/> Order reason (S, L, D, B or O)	<input type="text"/> Previous card was; S - stolen, L - lost, D - damaged, B - blocked, O - other
Order a replacement PIN <input type="checkbox"/>	I would like my cards/PIN numbers delivered to the Bank branch office (address):	
Unblock card <input type="checkbox"/>	Cancellation of the card for the user (in case of card cancellation, the card must be returned to the Bank): Card has been returned: <input type="checkbox"/> YES <input type="checkbox"/> NO	
I want a payment service at points of sale:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>The daily limit for using the card at the points of sale amounts to 20.000,00 HRK.</i>
If you want to change your limit, please specify the amount:	<input type="text"/>	HRK
If you want to change the maximum number of transactions, please specify how many	<input type="text"/>	<i>The daily number of transactions at the points of sale amounts to 15 transactions.</i>
I would like to arrange a cash withdrawal service at ATMs:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>The daily limit for using the card at the ATM amounts to 10.000,00 HRK.</i>
If you want to change your limit, please specify the amount:	<input type="text"/>	HRK
If you want to change the maximum number of transactions, please specify how many	<input type="text"/>	<i>The daily number of transactions at the ATM amounts to 7 transactions.</i>
Reason for the limit increase		
I would like to disable contactless payments	<input type="checkbox"/> YES The option can only be selected with a new card and by selecting contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.	

**Authorized Card User data:**

b / First and last name\*\*

Tax number (OIB)\*\*

Card number\*\*

Mobile phone\*\*

**Card Status Change:**

Replacement card order

 Order reason (S, L, D, B or O) Previous card was; S - stolen, L - lost, D - damaged, B - blocked, O - otherOrder a replacement PIN 

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Cancellation of the card for the user (in case of card cancellation, the card must be returned to the Bank):

Card has been returned:  YES  NO

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*The daily number of transactions at the ATM amounts to 7 transactions.*

Reason for the limit increase

I would like to disable contactless payments

 YES

The option can only be selected with a new card and by selecting contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.

By signing this Request I hereby confirm that I accept the risk of damage due to inadvertent use of the card and that I am familiar with the security purpose of the card limit. By signing this Request, the Authorized User and the Authorized Representative of the Business Entity agree that the Mastercard Business Debit Card may be collected by the Authorized User or the Authorized Representative of the Business Entity or by the Authorized Signatory related to the Account of the Business Entity linked to the issued Mastercard Business Debit Card. If Mastercard Business Debit Card is collected by the Authorized Representative or Authorized Signatory related to the Account of the Business Entity, both parties are hereby obliged to hand over the Card to an Authorized User, who is the only one authorized to use the Card. The Business Entity is obliged to provide the Mastercard Business Debit Card to the Authorized User and he/she is responsible for all transactions and possible misuse that can occur prior to the Card being given to the Authorized User.

The following clarifications apply solely to the personal data of private entities performing a registered business activity (e.g. craftsmen, independent profession, family farms, etc.) of this Request and the relevant documentation in accordance with the Framework Agreement.

**\*Mandatory data** is specified by regulations without which Erste&Steiermärkische Bank d.d. (hereinafter: the Bank) is unable to establish and/or maintain a business relationship, what is explained in details in the Data Processing Information document.

**\*\* Business-conditioned data** is required to conclude and/or execute a business relationship with the Bank, e.g. certain contact information may be business-conditioned data, as explained in details in the Data Processing Information document.

**Information about data processing** includes information on the procedures and purposes of processing personal data at the Bank and are located at the branch offices and on the Bank's web site. By signing this document, I certify I have read and understood Data Processing Information document prior to providing the data.

A copy of the Request must be sent via fax to 072 37 3918, and the original copy to the address: Erste&Steiermärkische Bank d.d., Služba transakcijskih računa poslovnih subjekata i prisilne naplate, Haulikova 19A, 43000 Bjelovar.

Signature of Authorized Representative\*

Place

Date

**Information on the receipt (to be filled in by the Bank)**

Date of receipt

Bank Branch Office

Full name and signature of the Bank's employee