

Request for Issuing Mastercard Business Debit Card

Please fill in the necessary information accurately. Request for issuing Mastercard Business Debit Card shall be considered valid if the application is signed by the applicant.

Information on the Applicant - Business Entity

Name of the Business Entity (as indicated in the proof of registration or other respective document)*	
Tax number (OIB)*	Register Identification Number*
Number of IBAN account opened with Erste&Steiermärkische Bank d.d.** HR	

Authorized Representative

First and last name**	Tax number (OIB)**
<input type="checkbox"/> I would like my PIN number and my card delivered to the Bank branch office (address):	

Authorized Card User data

a / First and last name**	
Tax number (OIB)**	Residential address (street name and number, zip code, place, state)**
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at 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>	
I would like to disable contactless payments <input type="checkbox"/> YES By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.	
Signature by the authorized card user	

Authorized Card User data

b / First and last name**	
Tax number (OIB)**	Residential address (street name and number, zip code, place, state)**
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The daily limit for using the card at 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 style="width: 150px;" 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 style="width: 150px;" type="text"/> HRK	
If you want to change the maximum number of transactions, please specify how many <input style="width: 150px;" type="text"/>	
<i>The daily number of transactions at the ATM amounts to 7 transactions.</i>	
I would like to disable contactless payments <input type="checkbox"/> YES <input type="checkbox"/> NO	
By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.	
Signature by the authorized card user	

Authorized Card User data

c / First and last name**	
Tax number (OIB)**	Residential address (street name and number, zip code, place, state)**
Mobile phone**	E-mail address***
I would like to arrange payment services at points of sale: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>The daily limit for using the card at points of sale amounts to 20.000,00 HRK.</i>	
If you want to change your limit, please specify the amount: <input style="width: 150px;" type="text"/> HRK	
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I would like to disable contactless payments <input type="checkbox"/> YES <input type="checkbox"/> NO	
By selecting this option, contactless interface will be permanently disabled and the card use will not be possible on terminals without contactless interface.	
Signature by the authorized card user	

By signing this Request I hereby confirm that the information contained herein is true and that I accept the General Terms for issuing and using the Mastercard Business Debit Card, which I have read and agreed to.

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.

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.

*** **Contact information** is voluntarily provided to the Bank to fulfil its obligations of informing in a fastest and simplest way, as well as to provide any other notice and information on rights and obligations unless expressly prescribed or contracted otherwise by enforced regulation, and to deliver information/documents requested by the client.

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.

Each individual Authorized Card User must sign this Request for the issuance of Mastercard Business Debit Card to confirm that these personal data have been provided to Erste&Steiermärkische Bank d.d. in person and on a voluntary basis. Each individual Authorized User must give his/hers consent, which is an integral part of this Request, to confirm that Erste & Steiermärkische Bank d.d. can use his/hers tax number (OIB) as well as any of the above mentioned personal data for identification and registration purposes in its IT system, as well as for identification purposes at a notary public and, if necessary, on documents and contracts concluded between the Bank and the Business Entity, which relate to the issuance and usage of the Mastercard Business Debit Card.

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.

Signature of Authorized Representative*	
Place	Date
Full name and signature of the Bank's employee	