

For official use only

Client name

Internal contact

Cust. ID

Doc. reg. nr.

Acc. Num.

Condition gr. spec.:

Introducer Code:

Card type

ADDITIONAL AUTHORISED PERSON (AAP) FORM

Please note that only fully completed, duly signed, English language application forms, accompanied by all required documents will be processed. Please complete the form electronically or in block letters.

Please note that you are requested to submit the following documents together with this form:

1. **Notarised/certified copies of your passport or other acceptable ID** (the page containing photo and signature) for Additional Authorised Persons.¹
2. **Original or notarised/certified copies of a recent Utility Bill or Bank Statement**² for Additional Authorised Persons.³
3. **Bank statements or bank references** for Additional Authorised Persons.
4. **Specimen signature form** for all Additional Authorized Persons

Please scan and email all these documents to applications@moneypluscard.com so that we can review them before the hard copies are sent to our Head Office in Malta.

¹ Any ID submitted should be valid for at least a further 6 months from the submission date. Please make sure that you submit the copies of the same ID you will have referred to in the application form.

² Your bank statement as proof of address and the bank reference letter should come from different banks.

³ Any document submitted must be in your name and show the private address used in this application, and should not be older than 6 months.

v1.0

Please indicate on which account you would like to authorise these persons (corporate name in case of corporate account, person's name in case of private account):

Name of account:

Account number:

Additional Authorised Person(s)

1. Data

1

Prefix Mr Ms Mrs

Family name

First name

Date of birth

Place of birth

(city and country)

Nationality

Passport/ID number

Expiry date

2

Prefix Mr Ms Mrs

2. Permanent address⁴

Postal code and country

City

Street

House/flat number

3. Mailing address⁵ (if different from the above)

Postal code and country

City

Street

House/flat number

⁴ Your full street address is required. A P.O.Box alone is not accepted.

⁵ Please note that the card will be delivered to this address.

4. Contact data

Mobile number

Email address

5. Employment

Employer's name

Self employed

Please describe your occupation/position below:

Occupation/Position

6. Are you a Senior Political Official of Civil Servant?

Yes

No

Family or close associate is

If yes or family/close associate is please specify

7. Cards for Additional Authorised Persons⁶

EUR Master Card Contactless

No card

Name to be placed on bank card (no more than 25 characters each)

Additional Authorized Person 1

Company (if applicable)

Person

Additional Authorized Person 2

Company (if applicable)

Person

⁶ Additional cards attract additional cost.

Please indicate the **signatory rights** in Bnet of the Additional Authorised Persons (choose one option only): any of them, individually two of them jointly view only

Other, please specify:

.....
Additional Authorised Person 1

.....
Additional Authorised Person2

.....
Account Holder's signature⁷

Date:

⁷ Please note that this form must be signed by both the Account Holder and the Additional Authorized Person(s)