HCB Trust Ek. för.

VISA® Application

Card Information			Debit Credit
Account Type	Principal Account Only	Principal & Supplementary Acco	ount (Credit Card Only)
	Supplementary Account	t. Only for existing Principal Account ('Credit Card Only)
Principal Cardmember Information		Principal Emp	loyment Information
Saving Account Number		Employer's Name	
Name as in Passport		Employer's Address	
Passport Number			
Name to Appear on Card		Employer's Office Numbe	r
Date of Birth [DD-MM-YY]		Annual Salary [US\$]	
Phone Number			
		Principal Final	ncial Information
Address		Have you declared or mac 10 years?	de bankrupt in the last Yes No
City & Zip Code			Residential Property Rent Own
County		Monthl	y Residential Payment US\$
Supplementary Cardm	ember Information #	#1 Supplementary	Cardmember Information #2
Name to Appear on Card		Name to Appear on Card	
Passport Number		Passport Number	
Date of Birth [DD-MM-YY]		Date of Birth [DD-MM-YY]	
Phone Number		Phone Number	
Relation with Principal Cardmembe	er	Relation with Principal Ca	ardmember
Signatures			
Principal Applicant	Suppleme	entary Applicant #1	Supplementary Applicant #2
Date	Date		Date
For Credit Union Use C			
Comments/Conditions	-	Status	VISA® Reference Number
		Approved Disapproved	РА
			SA#1

Please fill in the relevant information, print form and send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0) 8 5052-1010. All application must be accompanied with a clear colour passport copy and a latest utility bill, as proof of residence.

Signatory Date

SA#2