



Application Code

PLEASE FILL OUT IN PRINTED LETTERS

PERSONAL DATA

TYPE OF CARD FOR WHICH THE APPLICATION IS SUBMITTED AMERICAN EXPRESS GREEN AMERICAN EXPRESS GOLD

SURNAME: _____ NAME: _____ FATHER'S NAME _____

UNIQUE ID NO: DATE OF BIRTH F M

ID CARD/PASSPORT NO _____ ISSUED BY _____ VALID UNTIL

CITIZENSHIP _____

*MARITAL STATUS MARRIED NOT MARRIED WIDOW/ER OTHER

*NAME AND SURNAME OF SPOUSE _____

NUMBER OF DEPENDENT FAMILY MEMBERS _____ *No OF CHILDREN: 0-6 YEARS OLD 14-18 OVER 18

NAME AND SURNAME WRITTEN IN LATIN LETTERS, AS IT WILL APPEAR ON THE CARD (no more than 21 characteristics, including the empty spaces)

PLEASE ENTER PASSWORD (MAIDEN NAME OF YOUR MOTHER, NUMBER OR OTHER) _____ REQUESTED LIMIT _____

▶ _____

DATA ON RESIDENCE

ADDRESS FROM THE ID CARD: _____ MUNICIPALITY: _____ PLACE: _____ P.O. NUMBER _____

CONTACT ADDRESS _____ MUNICIPALITY: _____ PLACE: _____ P.O. NUMBER _____

TELEPHONE _____ MOBILE _____ E-MAIL _____

NUMBER OF YEARS ON THE PERMANENT RESIDENCE STATUS OWNER PARENTS RESIDENCE RENT OTHER _____

DATA ON PROPERTY STATUS

REAL ESTATE APARTMENT HOUSE BUSINESS PREMISES VACATION HOUSE LAND OTHER _____

ADDRESS 1 _____ AREA(m2) _____ ADDRESS 2 _____ AREA(m2) _____

MOVABLE ASSETS CAR OTHER _____

VEHICLE TYPE _____ MODEL _____ YEAR OF PRODUCTION _____

DATA ON EMPLOYMENT

EMPLOYED UNEMPLOYED RETIRED (If you are employed, please fill out the request info below)

COMPANY _____ ADDRESS _____

SECTOR: PUBLIC PRIVATE JSC BUDGET AND FONDS OTHER _____

TELEPHONE _____ FAX _____ E-MAIL _____ WEB SITE _____

POSITION: WORKER OFFICE WORKER HEAD DIRECTOR OTHER _____ OCCUPATION _____

*EDUCATION: PRIMARY SECONDARY JUNIOR COLLEGE HIGHER MASTERS DOCTORATE

YEARS WORKING YEARS WITHIN THE CURRENT COMPANY

DATA ON THE FINANCIAL STANDING

NET MONTHLY SALARY/PENSION: _____ REVENUE FROM RENT _____ OTHER REVENUES _____

COOPERATION WITH SILK ROAD BANK YES NO YEARS

CREDIT EXPOSURE AT BANKS

TYPE OF LOAN: _____ BANK _____ AMOUNT _____ TERM _____ MONTHLY INSTALLMENT _____ CURRENCY _____

TYPE OF LOAN: _____ BANK _____ AMOUNT _____ TERM _____ MONTHLY INSTALLMENT _____ CURRENCY _____

VISA-BANK _____ LIMIT _____ MASTER-BANK _____ LIMIT _____ DINERS-BANK _____ LIMIT _____

TYPE OF DEPOSIT _____ BANK _____ TYPE OF DEPOSIT _____ BANK _____

CONTROL (OWNING MAJORITY SHARE AND MAJORITY VOTE RIGHTS) BY THE APPLICANT, INCLUDING ITS SPOUSE, CHILDREN AND PARENTS:

NAME OF COMPANY/IES: _____ % OF SHARE _____

PREVIOUS COOPERATION WITH SILK ROAD BANK AD _____

OPTIONS

BRANCH OFFICE OF SILK ROAD BANK WHERE THE CARD WILL BE COLLECTED _____

ADDRESS WHERE MONTHLY REPORT WILL BE SENT: ADDRESS FROM ID CARD CONTACT ADDRESS AT WORK

STANDING PAYMENT ORDER (AUTOMATIC DEBT SETTLEMENT OF YOUR CARD) YES NO

IF YOU HAVE SELECTED YES, PLEASE SELECT: MINIMUM MONTHLY DEBT (5%) TOTAL MONTHLY DEBT

ACCOUNT NUMBER

APPLICATION FOR ADDITIONAL CARD

PLEASE ISSUE AN ADDITIONAL CARD THAT WILL USE FUNDS ON MY ACCOUNT, TO THE PERSON WHOSE DATA ARE PRESENTED BELOW

FIRST ADDITIONAL CARD

SURNAME..... NAME UNIQUE ID NUMBER

NAME AND SURNAME WRITTEN IN LATIN LETTERS, AS IT WILL APPEAR ON THE CARD (no more than 21 characters, including the empty spaces)

[| | | | | | | | | | | | | | | | | | | | |]

SECOND ADDITIONAL CARD

SURNAME..... NAME UNIQUE ID NUMBER

NAME AND SURNAME WRITTEN IN LATIN LETTERS, AS IT WILL APPEAR ON THE CARD (no more than 21 characters, including the empty spaces)

[| | | | | | | | | | | | | | | | | | | | |]

IN CASE OF ABSENCE CONTACT

NAME AND SURNAME:..... ADDRESS

MUNICIPALITY..... PLACE P.O. NUMBER

TELEPHONE..... MOBILE

(ADDRESS AND TELEPHONE SHOULD BE DIFFERENT THAN THOSE ALREADY PROVIDED BY THE APPLICANT)

Note: By signing this application, the applicant hereby confirms that it has provided consent from the above mentioned data owner to have said data processed by the Bank.

FILLED OUT BY THE BANK

RECEIPT OF APPLICATION [DAY MONTH YEAR] (name and surname)..... (signature).....

BRANCH OFFICE SC: [S | K | | | | |]

PROCESSED BY: (name and surname)..... (signature).....

CONTROLLED BY: (name and surname)..... (signature).....

REMARK:.....

HOW DID YOU HEAR ABOUT THE CREDIT CARD

A) FROM A FRIEND [] B) AT SILK ROAD BANK [] C) ADVERTISEMENT IN D) OTHER

FILLED OUT BY THE CREDIT COMMISSION OF THE BANK

[] APPROVED [] WILL BE RE-ASSESSED [] REJECTED (signature).....

(signature).....

DATE LIMIT (signature).....

PLEASE READ CAREFULLY

I the undersigned, under full moral, material, and criminal liability, hereby declare that I have been informed of the following:
- The above mentioned data pertain to me personally, including the data possessed by the Bank as per the legislation, will be subject to processing by the Bank, and by the legal entity in charge of processing for the card operations.
- For the purpose of reviewing the application, the Bank will have access to the Credit Registry of the National Bank of Republic of Macedonia, from the Central Registry, or from other records of entities authorized as per the legislation.
- Personal data on the user shall be protected in accordance with the Law on Personal Data Protection.
- The Application shall be deemed complete if it contains all mandatory data. The Bank shall retain the right not to establish or terminate the business client with a client, who has not provided complete or has provided inaccurate data in the application. The Bank has a right to initiate proceedings before the competent institutions due to client issuing inaccurate data. The clients have a right to access and correction of their personal data in a proceedings prescribed by the Law on Personal Data Protection.

As per the above mentioned, the user hereby declares:
1. I hereby agree to forward for processing the data covered by the application in accordance with the Law on Personal Data Protection, as well as the data arising from the activity of the account related to the card. The collected data will be stored in the system, in a manner, following the conditions, and the deadlines prescribed by Law. The use of this data will be by authorized entities as per the agreement for use of credit cards and the legislation. Said consent may be revoked at any time by submitting a written statement to the Bank.
2. I hereby agree that all my data be collected from the Credit Registry of the National Bank of Republic of Macedonia, the Credit Bureau or any other type of records of an entity authorized as per the legislation.
3. I agree if I do not take the card within period of 30 days after its approval, the Bank will charge me the cost of issuing the basic and/or additional card. The amount of the cost of issuing the basic / or additional card at the moment of signing the application is MKD 500,00.
4. I hereby agree to transfer the personal data covered by the application abroad for the purpose of card processing.
By signing this application, I hereby confirm that I have received the form with pre-agreement information and I am familiar with the content therein.

Signature of the Applicant for the Main Card Place/Date
X.....
Signature of the Applicant for the additional Place/Date Place/Date
X1..... X2.....