SILK ROAD BANK

Application
Point American Express card

Aplication Code

PLEASE FILL OUT IN PRINTED LETTERS

PERSONAL DATA

SURNAME: .... NAME: .... FATHER'S NAME ....

UNIQUE ID NO: |_|_|_|_|_|_|_|_|_|_|_|_|_| DATE OF BIRTH |_|_| DAY |_|_| MONTH |_|_|_|_| YEAR ☐ F ☐ M

ID CARD/PASSPORT NO .... ISSUED BY .... VALID UNTIL |_|_| DAY |_|_| MONTH |_|_|_|_| YEAR

CITIZENSHIP ....

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 ....

► ....

ACCOUNT NUMBER |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| — |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| (filled out by the Bank)

DATA ON RESIDENCE

ADDRESS: .... MUNICIPALITY: ....

PLACE: .... P.O. NUMBER: .... TELEPHONE: .... MOBILE: ....

DATA ON EMPLOYMENT

☐ EMPLOYED ☐ UNEMPLOYED ☐ RETIRED (IF YOU ARE EMPLOYED, PLEASE FILL OUT THE REQUESTED INFO BELOW)

COMPANY: .... ADDRESS: ....

SECTOR: ☐ PUBLIC ☐ PRIVATE ☐ JSC ☐ BUDGET AND FUNDS OTHER ....

TELEPHONE: .... FAX: .... E-MAIL: .... WEB SITE: ....

POSITION: ☐ WORKER ☐ OFFICE WORKER ☐ HEAD ☐ DIRECTOR OTHER .... OCUPATION ....

*EDUCATION: ☐ PRIMARY ☐ SECONDARY ☐ JUNIOR COLLEGE ☐ HIGHER ☐ MASTERS ☐ DOCTORATE

YEARS WORKING |_|_| YEARS WITHIN THE CURRENT COMPANY |_|_|

DATA ON THE FINANCIAL STANDING

NET MONTHLY SALARY/PENSION .... OTHER REVENUES ....

OPTIONS

BRANCH OFFICE OF SILK ROAD WHERE THE CARD WILL BE COLLECTED ....

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 ....

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

DAILY LIMIT FOR WITHDRAWING CASH .... DAILY TRANSACTION LIMIT IN TRADING ....

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.
- 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. SAID CONSENT MAY BE REVOKED AT ANY TIME BY SUBMITTING A WRITTEN STATEMENT TO THE BANK.
2. IRREVOCABLY AND WITHOUT PRIOR NOTICE, I HEREBY INFORM SILK ROAD BANK AD SKOPJE TO CHARGE MY TRANSACTION ACCOUNT FOR ANY TRANSACTION COSTS INCURRED BY USING THE DEBIT CARD.
3. I HEREBY AGREE TO TRANSFER THE PERSONAL DATA COVERED BY THE APPLICATION ABROAD FOR THE PURPOSE OF CARD PROCESSING.
4. THE ABOVE MENTIONED DATA PERTAINING TO ME PERSONALLY ARE COMPLETE AND ACCURATE AND I AM MORALLY, MATERIALLY AND CRIMINALLY LIABLE.
5. I HAVE BEEN INFORMED THAT THE BANK HAS THE RIGHT TO REJECT THE APPLICATION.

SIGNATURE OF THE APPLICANT **PLACE/DATE**

✗ ....

SRB/A12 - 11/2016