



# NATIONAL COMMERCIAL BANK OF ANGUILLA LTD.

P. O. BOX 44, The Valley AI-2640, Anguilla, BWI

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## VISA DEBIT CARD APPLICATION FORM

### APPLICANT INFORMATION:

Mr. Ms. Mrs. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

### CO-APPLICANT INFORMATION:

Mr. Ms. Mrs. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

### BANK INFORMATION:

PRIMARY ACCOUNT NUMBER (For ATM access and purchase) \_\_\_\_\_

SECONDARY ACCOUNT NUMBER (For ATM access) \_\_\_\_\_

ADDITIONAL ACCOUNT NUMBER (For ATM access and purchase) \_\_\_\_\_

### CARD INFORMATION:

PRIMARY ACCOUNT NUMBER (For ATM access and purchase) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt and approval of this signed application, NCBA will issue you with your Debit Card immediately. Upon receipt of the card you will need to select a Personal Identification Number (PIN) so that you may use the card. I authorize NCBA to send monthly statements to the mailing address listed above. By signing this agreement, I/we agree to the terms and conditions as stated in the NCBA's Debit Card Terms and Conditions.

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

### FOR BANK USE ONLY:

Supervisor Signature: \_\_\_\_\_ Officer Initials: \_\_\_\_\_ Customer ID No.: \_\_\_\_\_

Daily Limit: \_\_\_\_\_ Card Number: 4100 75 \_\_\_\_\_