



COMPLETE IN BLOCK CAPITALS

Client _____
(corporate entity: full name / private individual: name, surname)

Current account No. _____

Please issue the payment card MasterCard/ VISA

The Bank opens a card account for the Client and/or issues to the Cardholder authorised by the Client an international payment card attached to the card account.

Card type _____ **Card product** _____
(MasterCard / VISA) (Business** / Gold / Platinum)

Card account currency _____ **Insurance** _____ **Please make the card urgently** _____
(EUR / USD / GBP*) (for Business) (yes / no) (yes / no)

* Only Gold and Platinum cards are issued in GBP currency

**Business card is issued only for corporate entity

Cardholder _____
(name, surname)

Date of birth _____ Passport / Identity document No. _____

Place of birth: _____
(Country)

(Province, state, region / district, town, settlement)

Residential Address: _____
(Street, house, flat No.)

City _____ Country _____ Postal Code _____

Phone + _____ E-mail _____
(country code)

Position* _____

*MUST BE FILLED IN FOR CORPORATE ENTITY

Is the Cardholder a citizen and/or a tax resident of the United States of America (the USA)? No Yes

Open a new card account

Attach a card to the card account No. _____

Name and surname to be embossed on your card _____
(name and surname on the card shall not exceed 21 character, including spaces; only Latin letters are embossed on the card)

Company name to be embossed on your card (for corporate entity) _____
(company name shall contain Latin characters only, dashes, quotes and other symbols are not allowed)

Voice password _____
(at least 5 characters, Latin letters, no spaces or dashes allowed)

If you wish to set the daily limit of card transactions below the limit set by the Bank, please specify it herein:

Cash withdrawals _____
(amount in figures) (amount in words)

Other payments _____
(amount in figures) (amount in words)

Mobile phone number for M-Bank notifications about card account funds turnover (incl. suspicious card transactions) + _____
(country code)

I confirm correctness of the above mentioned information. I acknowledge as having read and agree with the Terms and Conditions of JSC "Rietumu Banka" and Client Agreement and the Bank's tariffs.

Cardholder _____ X _____
(name, surname) (signature)

X _____
(Client's signature)

Information about the credit limit:

Required credit limit (an additional order to be filled in) Amount _____ (in figures) _____ (in words)

without security

security type: _____
(security deposit / term deposit in JSC "Rietumu Banka" / third party guarantee / other security)

Monthly on the first day of the month replenish the card account from the Client's current account: for the amount up to the amount

_____ (amount in figures) _____ (amount in words)

Please deliver the issued card and a PIN code envelope:

to JSC "Rietumu Banka" _____
(please specify a representative office or the head office in Riga)

Please hand the card: to me in person to my Representative: _____
(name, surname)

Passport / Identity document No. _____ Contact phone + _____
(country code)

Please send to the address by international express mail:

Street, house, flat No. _____

City _____ Country _____

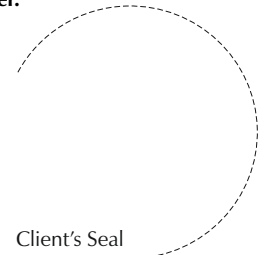
Postal Code _____ Contact phone for a courier + _____
(country code)

I acknowledge as having read and agree with the Terms and Conditions of JSC "Rietumu Banka" and Client Agreement and the Bank's tariffs. I confirm correctness of the above mentioned information. I undertake to immediately notify the Bank of any changes related to this Order.

Client represented by: _____
(name, surname)

X _____
(signature)

Rietumu ID _____ Test Key _____



TO BE COMPLETED BY THE BANK EMPLOYEE

I confirm the identity and the signature of:

the Client's Representative. Passport / identity document No. _____

_____ X _____ / ____ / **20** ____
(name, surname) (signature)

the Cardholder. Passport / identity document No. _____

_____ X _____ / ____ / **20** ____
(name, surname) (signature)

the Client's Representative. Passport / identity document No. _____ and

the Cardholder. Passport / identity document No. _____

_____ X _____ / ____ / **20** ____
(name, surname) (signature)

Card account No. _____ Tariff type _____

Bank employee _____ X _____ / ____ / **20** ____
(name, surname) (signature)