



OPERATING OFFICE: 12 ALTAMONT CRESCENT, KINGSTON 5, JAMAICA

REGISTERED OFFICE: 7 BELMONT ROAD, KINGSTON 5, JAMAICA

TELEPHONE: (876) 754 2238 | (876) 754 2270 | (876) 754 2328

## ALLIANCE PREPAID MASTERCARD APPLICATION FORM

### BLOCK CAPITALS ONLY

|   |                                      |                                       |   |
|---|--------------------------------------|---------------------------------------|---|
| FIRST NAME                                |                                      | MIDDLE NAME                           | LAST NAME   |
| DATE OF BIRTH <small>DD/MM/YYYY</small>   | NATIONALITY                          |                                       | GENDER<br>M <input type="checkbox"/> F <input type="checkbox"/> |
| COUNTRY OF BIRTH                          |                                      | ID TYPE                               |   |
| ID NUMBER                                 | ISSUE DATE <small>DD/MM/YYYY</small> | EXPIRY DATE <small>DD/MM/YYYY</small> |   |
| TRN                                       | 1-( )<br>MOBILE NUMBER               |                                       |   |
| HOME ADDRESS                              |                                      |                                       |   |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) |                                      |                                       |   |
| EMAIL ADDRESS                             |                                      |                                       |   |
| OCCUPATION / LINE OF BUSINESS             | EMPLOYER/ COMPANY NAME               |                                       |   |
| EMPLOYER ADDRESS                          |                                      |                                       |   |
| SOURCE OF FUNDS                           |                                      |                                       |   |

I, AND ANY USER OF THE ACCOUNT, AGREE TO BE BOUND BY THE TERMS OF THE APSL CARDHOLDER AGREEMENT AS APPLICABLE FROM TIME TO TIME AND UNDERSTAND THAT IF I DO NOT WANT TO BE BOUND BY THE CARDHOLDER AGREEMENT, THE CARD(S) MUST BE RETURNED AND I HEREBY PROMISE TO REPAY ALL CREDIT EXTENDED TO ME PURSUANT TO THIS APPLICATION. I AUTHORISE YOU TO VERIFY ANYTHING CONTAINED IN THIS APPLICATION CONCERNING MY EMPLOYMENT AND REFERENCES AND CONSENT TO YOUR EXCHANGE WITH OTHER PARTIES, INCLUDING YOUR ASSOCIATES OVERSEAS, CONTRACTS, CARD ISSUERS AND CARD PROCESSORS, INFORMATION CONCERNING MY TRANSACTION HISTORY, INCOME AND/OR EMPLOYMENT. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IS TRUE AND ACCURATE, I ASSUME FULL RESPONSIBILITY FOR ALL TRANSACTIONS ON THE ACCOUNT. I ACKNOWLEDGE THAT APSL MAY AT ANY TIME HEREAFTER GIVE MY INFORMATION TO ANY CREDIT BUREAU AND THIS ACKNOWLEDGEMENT CONSTITUTES WRITTEN NOTICE TO ME.

THIS APPLICATION IS SUBJECT TO APPROVAL. WE RESERVE THE RIGHT TO OFFER YOU ANOTHER PRODUCT, IF FOR WHATEVER REASON, THE PRODUCT OF YOUR CHOICE IS NOT AVAILABLE.

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE DD/MM/YYYY \_\_\_\_\_



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## ALLIANCE PREPAID MASTERCARD APPLICATION FORM

### OFFICIAL USE ONLY

#### DOCUMENTS RECEIVED:

- ☐ DRIVER'S LICENCE    ☐ PASSPORT    ☐ NATIONAL ID/ ELECTORIAL ID    ☐ STUDENT ID
- ☐ BIRTH CERTIFICATE    ☐ PROOF OF ADDRESS    ☐ PROOF/ VERIFICATION OF SOURCE OF FUNDS
- ☐ TRN    ☐ EMPLOYEE ID    ☐ OTHER \_\_\_\_\_

#### NOTES:

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LOCATION: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DD/MM/YYYY