JSC "NORVIK BANKA", unified Reg. No.: 40003072918
Ernesta Birznieka-Upīša iela 21, Rīga, Latvija, LV-1011
Telephone (+371) 67041100, fax (+371) 67041111
e-mail: welcome@norvik.lv www.norvik.lv

AGREEMENT NO. _____
ON ISSUE AND USE OF PAYMENT CARDS

(for legal entities, non-residents)

Client CIF code_____

_____ 201____

☐ **Riga** ☐ _____

The Client, on the one part,

Name	Registration number
Registration country, name of register	Registration date
Legal address (street, house number, apartment number, city, postal code, country)	
Client's name on the Payment Card (in Roman letters)	Voice password (to be filled in compulsorily) (Combination of letters and/or numbers, at least 6. Use Roman letters.)
Client representative (name, surname)	Client representative is acting on the basis of ☐ Articles of Association ☐ authorization ☐ _____

Contact information

Phone / Mobile phone	Fax	e-mail
Contact person (name, surname, title)		

Card Holder information

Name, surname	Identity number	Date of birth
Passport/identity card issued by Republic of Latvia series and number, issuing authority		Passport/identity card issued by Republic of Latvia issue date
Residence address (street, house number, apartment number, city, postal code, country)	Phone / Mobile phone	e-mail:
Name, surname on the Payment Card (in Roman letters)	Voice password (Combination of letters and/or numbers, at least 6. Use Roman letters.)	

and JSC „NORVIK BANKA" (unified registration No. 40003072918), hereinafter referred to as the Bank, on the other part,

Bank representative (name, surname)	Bank representative is acting on the basis of authorization No.

together hereinafter referred to as the Parties, have concluded this agreement on issue and use of payment cards:

Payment Card and Payment Card Account information

Type of the Payment Card

☐ **MasterCard** ☐ Business ☐ Gold ☐ Platinum

☐ **VISA** ☐ Business ☐ Gold ☐ Platinum

☐ **Maestro**

☐ **Cirrus**

☐ **VISA Electron**

Bank	**Card Holder**	**Client**
(signature, name, surname)	(signature, name, surname)	(signature, name, surname)

Payment Card Account basic currency	☐ LVL ☐ USD ☐ EUR ☐ ____	Payment Card Account supplementary currencies (if required)	☐ LVL ☐ USD ☐ EUR ☐ ____

Required amount of Authorized Credit _____(_____**), currency** _____

Interest for using the Authorized Credit: according to Bank's valid Tariffs.
Contractual penalty for using the Unauthorized Credit: according to Bank's valid Tariffs.
Contractual penalty for delays: according to Bank's valid Tariffs.

I wish to receive statements on Payment Card Account operations

☐ By mail to the legal address

☐ By mail to other address _____
(please, specify)

☐ By e-mail _____
(please, specify)

☐ At branch office of the Bank _____
(please, specify)

Security of Client Obligations
Deposit of monetary funds in extent of_____(_____)_____(currency), in the account No. _____in the Bank

Furnishing of information to the Card Holder
(If you do not wish the information on operations conducted on your Payment Card Account and account status be furnished to the Card Holder, please make your choice by inserting „X" below)
If you do not insert a mark below, it is considered that the Client has agreed unconditionally for the information on operations conducted on Client's Payment Card Account and account status is furnished to the Card Holder via the telephone by using the Card Holder's voice password.

The Client ☐ do not agree with the information on operations conducted on Client's Payment Card Account and account status be furnished to the Card Holder by using the Card Holder's voice password.

Confirmation
By signing this Agreement the Client and the Card Holder confirm the following:
- the draft of this Agreement, inter alia Bank's General Provisions for Transactions, were submitted to him before signing this Agreement;
- it has become acquainted with Bank's General Provisions for Transactions and Tariffs for Banking Services, agrees with them and recognizes their binding effect on it (its representative);
- correctness of entire information specified in this Agreement;
- agrees with processing personal data and using means of communication according to Bank's General Provisions for Transactions;
- the Bank has informed the Client on the order, how the Bank provides information about the Client to the Credit Register of the Bank of Latvia, his obligations and their course of execution, how the Bank receives information about the Client from the Credit Register of the Bank of Latvia, and how the Client may receive information about himself from the Credit Register of the Bank of Latvia.

Special Provisions

Filled in by the Bank
Payment Card Account number

L	V			L	A	T	B													

Authorized Credit granted _____(_____), currency _____

The Agreement is executed and signed in 2 (two) counterparts. Each counterpart of the Agreement possesses equal legal force. One counterpart of the Agreement is delivered to the Client, but the second remains at the Bank.

Signatures of the Parties

Bank	**Card Holder**	**Client**
Powers of Client representative are verified. S.s. (signature, name, surname)	(signature, name, surname)	S.s. (signature, name, surname)

Employee of the Bank (on the agreement counterpart for the Bank)

(signature, name, surname)

S.s.

Date :_____/_____/_____