



BANK OF THE COOK ISLANDS

# PERSONAL Application for a Vaka Debit Mastercard®

CLIENT NUMBER

DATE OF APPLICATION / /

CLIENT NAME ..... SURNAME .....  
*(Name as stated on passport or birth certificate)*

NOMINATED ACCOUNT(S) FOR BCI VAKA DEBIT MASTERCARD  
*(The Bank of the Cook Islands Card Service will provide access to my accounts as follows)*

ACCOUNT SELECTION	ACCOUNT NUMBER/SUFFIX
<input type="radio"/> SAVINGS	.....
<input type="radio"/> CHEQUE	.....
<input type="radio"/> CREDIT (DEFAULT)	.....

EMAIL ADDRESS PRIMARY .....

MOBILE NUMBER(S) ..... PRIMARY ..... SECONDARY ..... OTHER .....

*I/We hereby apply for a Bank of the Cook Islands (the Bank) VAKA Debit Mastercard.*

*To apply for a BCI Vaka Debit Mastercard, the following criteria must be met: We confirm meeting the following criteria.*

- I am an account signatory to the account which the card is to be linked*
- All cardholder(s) have completed the Bank's identification check procedure*

*(Please ensure all cardholders complete and sign this form.)*

*The Bank is hereby authorized to charge the account(s) nominated with any debits and charges initiated/incurred by me/us for the use of the Card issued pursuant to this application in any Electronic Funds Device and approved by the Bank from time to time.*

Client Signature ..... Date / / Client Signature ..... Date / /

### MAN009 - BCI Office use only - Customer Service Officer

Customer Service Officer Verification	.....	/	/
Supervisor / Manager Verifying	.....	/	/

### MAN009 - BCI Office use only - CARDS Officer

BCI VAKA Debit Mastercard No. <b>5538 0739 0000</b>	.....		
CARDS Officer: account and signatures verified; processed to Ultracs/CMS	.....	/	/
Supervisor / Manager Verifying	.....	/	/

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