



# Turks & Caicos Banking Company Limited

## Debit Card Application – Personal Accounts

ACCOUNT DETAILS																									
Account Name:																									
Account Number:																									
DEBIT CARD																									
Turks and Caicos Banking Company Limited offers two debit cards:																									
<ol style="list-style-type: none"> <li>1. Mastercard Debit Platinum</li> <li>2. Mastercard Debit Black</li> </ol>																									
To qualify for the Mastercard Debit Black card the customer needs to have <b>USD 100,000.00</b> average account balance with Turks and Caicos Banking Company Ltd.																									
<b>IMPORTANT:</b>																									
By selecting a debit card option below, each cardholder:																									
<ol style="list-style-type: none"> <li>i. acknowledges that he/she has reviewed the terms of the Turks and Caicos Banking Company Debit Card Cardholder Agreement (the “Agreement”); and</li> <li>ii. agrees to the terms and conditions of the Agreement.</li> </ol>																									
DEBIT CARD SELECTION																									
<input type="checkbox"/> Platinum Debit Card	Quantity:																								
<input type="checkbox"/> Black Debit Card	Quantity:																								
CARDHOLDER(S) INFORMATION																									
<p><b>Cardholder #1</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Title:</td> <td>Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/></td> </tr> <tr> <td>First Name:</td> <td></td> </tr> <tr> <td>Middle Name(s):</td> <td></td> </tr> <tr> <td>Last Name:</td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name:		Middle Name(s):		Last Name:		Telephone:		Signature:		<p><b>Cardholder #3</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Title:</td> <td>Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/></td> </tr> <tr> <td>First Name:</td> <td></td> </tr> <tr> <td>Middle Name(s):</td> <td></td> </tr> <tr> <td>Last Name:</td> <td></td> </tr> <tr> <td>Telephone:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name:		Middle Name(s):		Last Name:		Telephone:		Signature:	
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