

## Application form

### Private person

NAME

DATE OF BIRTH

PLACE OF BIRTH

DOCUMENT TYPE

DOCUMENT NUMBER

DOCUMENT ISSUER

DOCUMENT DATE OF ISSUE

DOCUMENT DATE OF EXPIRATION

TAX RESIDENCE

ADDRESS

EMAIL

PHONE

ARE YOU, YOUR IMMEDIATE FAMILY MEMBERS OR YOUR CLOSE ASSOCIATES POLITICALLY EXPOSED PERSONS?

HOW DID YOU HEAR ABOUT US?

CHOOSE THE SECTIONS YOU WANT TO FILL

- Membership application form
- Deposit account
- Credit limit loan
- Instalment plan

## Membership application form

### CHOOSE THE DESIRED MEMBERSHIP LEVEL

- Bronze membership: I pay 10 EUR + 30 EUR into share capital and follow the standard rates and fees mentioned in the Price List.
- Gold membership: I pay 10 EUR + 150 EUR into share capital and get Gold membership benefits (minimum deposit amount required: 1500 EUR).

### PROFESSION

**Deposit account**

NAME OF YOUR EMPLOYER

PROFESSION

OCCUPATION

SOURCE OF FUNDS

FINANCIAL INSTITUTE FROM WHICH THE FUNDS WILL BE TRANSFERRED

INVESTMENT DETAILS

- |  |   |
|--|---|
| <input type="checkbox"/> Cash account with Intus prepaid MasterCard®       | <input type="checkbox"/> 36 months fixed term account |
| <input type="checkbox"/> Savings account with 3 months notification period | <input type="checkbox"/> 5 years fixed term account   |
| <input type="checkbox"/> 12 months fixed term account                      | <input type="checkbox"/> 10 years fixed term account  |

INTEREST REPAYMENT FREQUENCY

- 
- Monthly (minimum investment 20000 €)
- 
- 
- Yearly
- 
- 
- At maturity

INITIAL INVESTMENT AMOUNT

STARTING DATE OF THE INVESTMENT

BANK ACCOUNT FOR WITHDRAWALS (IBAN)

SWIFT/BIC CODE

NAME OF THE ACCOUNT HOLDER

BANK NAME

BANK ADDRESS

I WANT TO APPLY FOR INTUS PREPAID MASTERCARD®

DECLARATION OF RESPONSIBILITY

- 
- I declare that I am the owner of all funds which I am going to invest to this Deposit Agreement with Intus Hoiu-laenuühistu (Intus HLÜ). I assure too that the assets invested will not be used to illegal actions and that all information, which I have given in this application, is truthful. I will inform Intus HLÜ if any information given will change in the future. I have read and agreed to Intus HLÜ
- General Terms and Conditions, Products Terms and Conditions and price list.

**Credit limit loan (available only to residents of Estonia)**

NAME OF YOUR EMPLOYER

PROFESSION

OCCUPATION

TIME WORKED FOR THE PRESENT EMPLOYER

CIVIL STATUS

HOUSING TYPE

EDUCATION

PEOPLE UNDER CARE

GOAL OF CREDIT

NET MONTHLY INCOME

OTHER NET INCOME

LIABILITIES TOTAL AMOUNT

MONTHLY REPAYMENTS OF TOTAL LIABILITIES

OTHER LIABILITIES (SPECIFY)

LOAN AMOUNT

BANK ACCOUNT NUMBER (IBAN)

SWIFT/BIC CODE

NAME OF THE ACCOUNT HOLDER

BANK NAME

BANK ADDRESS

INTUS PREPAID MASTERCARD®

 I apply for Intus prepaid MasterCard®

DECLARATION OF RESPONSIBILITY

I assure that all information, which I have given in this application, is truthful. I will inform Intus HLÜ if any information given will change in the future. I have read and agreed to Intus HLÜ General Terms and Conditions, Products Terms and Conditions and price list.

**Instalment finance plan (available only to residents of Estonia)**

NAME OF YOUR EMPLOYER

PROFESSION

OCCUPATION

TIME WORKED FOR THE PRESENT EMPLOYER

CIVIL STATUS

HOUSING TYPE

EDUCATION

PEOPLE UNDER CARE

GOAL OF CREDIT

NET MONTHLY INCOME

OTHER NET INCOME

LIABILITIES TOTAL AMOUNT

MONTHLY REPAYMENTS OF TOTAL LIABILITIES

OTHER LIABILITIES (SPECIFY)

LOAN AMOUNT

PERIOD OF AGREEMENT (MONTHS)

NAME OF THE SELLER

BANK ACCOUNT NUMBER (IBAN)

SWIFT/BIC CODE

ACCOUNT HOLDER NAME

BANK NAME

BANK ADDRESS

I WANT TO APPLY FOR INTUS PREPAID MASTERCARD®

DECLARATION OF RESPONSIBILITY

I assure that all information, which I have given in this application, is truthful. I will inform Intus HLÜ if any information given will change in the future. I have read and agreed to Intus HLÜ [General Terms and Conditions, Products Terms and Conditions](#) and [price list](#).

**SIGNATURE**

**DATE**