

IVBHOF00091

Please complete this section if you would like to request Indovina bank to issue for you VISA credit card.

Customer information file at IVB:

- | | | |
|-----------------------------------|---------------------------------|---|
| <u>Credit Card Class</u> | <u>Type of issuing</u> | <u>Security Form</u> |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Normal | <input type="checkbox"/> Unsecured |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Quick | <input type="checkbox"/> Deposited / Pledged or Mortgaged |
| | | <input type="checkbox"/> Guaranteed by third party |

Line Of Credit requested:

I. PERSONAL INFORMATION

Full name (as in Identity Card/Passport, surname first):

Name to be printed on card (must be in accordance to Identity Card / Passport, maximum 20 letters including spaces)

Gender Male Female

Date of birth: / / Nationality:.....

ID number / Passport number:

Issuance date:.....Issuance place:.....

Residence address:.....

Residence since:.....

Phone number:.....

Correspondence Address:.....

Phone number:.....Mobile Phone:.....

Email:

- * Education:
- Grade 1-5 Grade 6-9 Grade 10-12 Vocational Degree College / University Post Graduate

- * Marital Status:
- Single Married Divorced / Separated Widowed Other

Number of dependants:.....Number of children:

- * Type of current Residence:
- Owned Parents' house Rented Others

- * Family Structure:
- Nuclear Family
- Live with parents
- Live with one nuclear family
- Live with some nuclear families

II. OCCUPATION INFORMATION

* Employment Status

- Full-time Employed Part-time Employed Self Employed
 Homemaker Student Retired Other

* Current company name:.....

* Office address:.....

* Office tel No.:.....

* Employed since: /

* Current Position:.....

* Position held: /

* Company Type:

- State-owned Wholly Foreign - Owned / JV Joint-stock
 Local Limited Partnership / Sole Other

* Industry code:

- Agribusiness Construction Commerce / Service Light and Heavy Industry Other

* Occupation Code: Specialist / Technicalness Secretary / Clerk Sales Retired Other

* Type of Contract: Definite:.....months Indefinite

* Source of Income: Salary Only Base salary and commission Commission Only

Total monthly gross salary before Personal Income Tax (VND):

Monthly bonus / Allowances / Others (VND):

Total (VND):

Total family's annual income (VND):

III. OTHER INFORMATION

III.1. Security information:

1. Name of Relative(s) (Used in case of security verification):.....

2. Security question: My best friend name:.....

III.2. Reference information (used in case of not being able to contact with cardholders)

Fullname of person in contact:.....

Relationship with cardholder:

Address:.....

Telephone No.:.....

III.3. Other information:

* Internet transaction blocking: Yes No

* SMS notification: Yes No

* Request for daily transaction limit:

Note: Total cash advance limit is 20 million VND per day.

	Principal card	Supplementary card 1	Supplementary card 2
Retail	Amount:..... No. of transactions:.....	Amount:..... No. of transactions:.....	Amount:..... No. of transactions:.....
Cash advance	Amount:..... No. of transactions:.....	Amount:..... No. of transactions:.....	Amount:..... No. of transactions:.....

IV. SECURITY INFORMATION

(in case of secured credit card)

Security type:

- Block the current account Account No.:..... at IVB's Branch:.....
- Time Deposit Certificate:..... Term:..... at IVB's Branch:.....
- Amount:.....
- Other (please certify):.....

V. FINANCIAL INFORMATION

Other Loans:

Bank Financial Company	Loan amount	Loan term (Months)	Type of facility		Current outstanding	Remaining effective period of the contract (months)	Monthly Installement (VND)
1			<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured			
2			<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured			

Credit card(s) at other Banks:

Bank	Card type	Credit limit	Type of Credit card	
			<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured
			<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured

Overdraft at other Banks:

Bank	Overdraft amount (VND)	Type of overdraft	
		<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured
		<input type="checkbox"/> Unsecured	<input type="checkbox"/> Secured

Using other services of IVB:

- Time Deposit Card Borrowing No other services Other.....

VI. STATEMENT SETTLEMENT

Repayment method details:

- Customer shall settle the credit card account themselves (cash, fund transfer, Ebanking)
- Credit card auto-repayment service:
- Repayment amount:
- Minimum payment
- Total statement balance
- Auto-repayment Account(s):
- Principle cardholder
- Both main and.....supplementary cardholder (please certify the name of Supplementary cardholder)

In all cases, I / we agree that IVB reserves full right in automatically debiting all available current accounts of main cardholder to fully collect the Minimum payment amount.

X. ATTACHED FILES NEED TO BE COMPLETED

For foreigner principal cardholder use only

Attach certified copies of:

Passport VISA Labor contract

Original copies of Certificate of:

Certificate of working / position Monthly Statement of Current Account for three latest months

Other document(s):

Supplementary cardholder use only: A copy of Identity card / Passport

Note: IVB can ask customers to provide further documentation during the credit assessment.

XIII. CONFIRMATION

I / We confirm that the information given above is correct and am / are responsible for above provided information. I / We agree that as part of verification, IVB may obtain independent confirmation of information from any necessary source.

By signing this form, I / we have read, understood and agreed with the enclosed Terms and conditions of international credit card issuance and usage" of Indovina Bank Ltd. I / We shall be responsible for the obligations and responsibilities arising in relation to the use of my / our credit card(s) that I / we being granted. The following signature(s) is (are) the specimen signature(s) that I / we used to all transactions related to my / our card(s).

In case the application is not accepted by IVB, I / We agree that the documents will not be requested to return for any reason.

<p>Primary cardholder (Signature and fullname)</p> <p>.....</p>	
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BANK USE ONLY

Main cardholder's CIF No.:

Source code:..... Promotion code:.....

Expiry date:..... LOC:.....

Contract No.:.....

Security Form: Unsecured Secured Guaranteed by third Party

Receiving the application: / /

Branch code:

Approved: Yes No

Proposed by	[Checked / Reviewed] by	Reviewed by
Credit Officer	Head of CMD of Branch	Head of CMD at Head Office / Branch Manager
Date:	Date:	Date:

Approved by the Branch Manager / BOE