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| **Załącznik nr 1.1 Instrukcji wydawania i obsługi kart debetowych w Banku Spółdzielczym w Pawłowicach**  **Wniosek o wydanie karty dla klientów indywidualnych** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WNIOSEK O WYDANIE KARTY DEBETOWEJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Visa Classic Debetowa JUNIOR** | | | | | | |  | **Visa PayWave** | | | | | | | | | | | | | | | | | | | | | |
| **DANE OSOBOWE POSIADACZA RACHUNKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię/imiona | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko | | |  | | | | | | | | | | | | | Nazwisko panieńskie matki | | | | | | |  | | | | | | | |
| Numer PESEL  /data urodzenia\* | | |  | | | | | | | | | | | | | Obywatelstwo | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dokument tożsamości: | | | | |  | dowód osobisty | | | | |  | | | paszport | | | | |  | karta stałego pobytu | | | | | | | |  | Legitymacja szkolna | |
| Seria: | | | | |  | | | | | Numer: | | | | |  | | | | | | | | | | | | | | | |
| Numer rachunku bankowego,  do którego ma być wydana karta: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko do umieszczenia na karcie  *( maks. 26 znaków razem ze spacjami)* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **MIEJSCE ZAMIESZKANIA POSIADACZA RACHUNKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Adres w miejscu zamieszkania na terenie RP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | |  | | | | | | | | | | | | | | | | | | | Poczta | | |  | | | | | | |
| Kod | |  | | | | | | | | | | Kraj (podać, jeżeli inny niż Polska) | | | | | | | | | | | | |  | | | | | |
| **2. Adres korespondencyjny na terenie RP (podać jeżeli inny niż adres w miejscu zamieszkania)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość | |  | | | | | | | | | | | | | | | | | | | Poczta | | |  | | | | | | |
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| **INFORMACJE KONTAKTOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer telefonu stacjonarnego | | | | | |  | | | | | | Numer telefonu komórkowego | | | | | | | | | |  | | | | | | | | |
| Numer telefonu komórkowego do obsługi portalu kartowego i zabezpieczenia 3D Secure | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Adres e-mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIMITY TRANSAKCYJNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dzienny limit transakcji gotówkowych | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | złotych |
| Dzienny limit transakcji bezgotówkowych | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | złotych,w tym |
| Dzienny limit transakcji internetowych | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | złotych |
| **OŚWIADCZENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + - 1. Oświadczam, że wszystkie dane zawarte w niniejszym wniosku są prawdziwe, kompletne i zostały podane przeze mnie dobrowolnie.       2. Oświadczam, że znam i akceptuję zapisy Regulaminu otwierania i prowadzenia rachunków bankowych dla osób fizycznych . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość i data | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| *Podpis Posiadacza rachunku* | | | | | | | | | | | | | | | | | *Stempel memoriałowy i podpis pracownika Banku potwierdzającego autentyczność podpisu i zgodność powyższych danych z przedłożonymi dokumentami* | | | | | | | | | | | | | |
| Przedstawiciel ustawowy oświadcza, że:  1. nie sprzeciwia się dysponowaniu przez małoletniego Posiadacza rachunku środkami zgromadzonymi na rachunku za pośrednictwem karty  2. przyjmuje na siebie odpowiedzialność za wszelkie zobowiązania wynikające z korzystania z rachunku osoby małoletniej za pośrednictwem karty, której jest Przedstawicielem ustawowym w tym ewentualnie powstanie salda debetowego na rachunku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *podpis Przedstawiciela ustawowego osoby małoletniej* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* W przypadku braku numeru PESEL należy wpisać datę urodzenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  |  | **WYPEŁNIA BANK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  | Decyzja banku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  | Przyznano/nie przyznano karty  Visa Classic Debetowej Junior/Visa classic Debetowej Junior typu PayWave /MasterCard PayPass  dla rachunku numer: **……………………………………………………………………….**  z dziennym limitem transakcji: gotówkowych: ………………………………………  bezgotówkowych: …………………………………..  internetowych: ……………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  | Adnotacje | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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