

Date

SERVICES AND CHANGES REQUEST FORM



SECTION I APPLICANT INFORMATION

Names and surnames / Company name	Account number
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SECTION II SERVICES REQUESTED

Complete the corresponding section of the requested service:

1. Checkbook

2. Credit Card

Card replacement PIN request Reason for replacement _____

Credit limit change: Increase Decrease New credit limit (USD) *: \$ _____

*Credit Limit Increase subject to fund availability to establish 125% guarantee.

Names and surnames	Signature	Identification No.	Relationship
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Names and surnames	Signature	Identification No.	Relationship
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3. Credit card payment *

Current balance Last statement balance Minimum payment Other amount \$ _____ Last four (4) digits of the card _____

*If you wish to authorize Banco San Juan Internacional Inc. to make recurring monthly payments, you must fill the attached authorization form.

SECTION III CHANGES REQUIRED

Complete the corresponding section for required changes:

1. Username recovery and/or change the online banking password

Recover username and password Change password

2. Change contact information

Residential address * Mailing address Telephone No. Email

* Include copy of one (1) utility bill (water, power, phone, cable), issue date no greater than ninety (90) days.

Residential address	City
State/Province	ZIP Code
Country	
Mailing Address (if different from residential address)	City, State, ZIP code, Country
Residential telephone No.	Alternate telephone No.
	Email

SECTION IV DISCLOSURES

- Credit card.** I authorize an automatic charge to my demand deposit account, to cover the monthly minimum payment as established on the credit card statement. I authorize Banco San Juan Internacional, Inc. to verify my credit and banking information as well as any other information that may be necessary to process this application. I agree that the pledged funds will serve as guarantee for any other debt or obligation contracted under this agreement. Once the Card has been issued, the amount of funds pledged will be equal to or less than 125% of the credit limit assigned, according to the evaluation of your credit capacity, and payment history. I agree and authorize the Bank to place a hold on my demand deposit account for the pledged funds during the validity of this agreement.
- Credit Card payments.** The undersigned, as a customer of Banco San Juan Internacional, Inc. (The Bank), declare under oath, that I agree with the information given on this Form and that said funds come from and will be used for licit activities, and that the information provided is true. I understand that it is my responsibility to inform the Bank immediately, of any changes to the information previously provided. I also declare my responsibility for the funds managed under my name, acknowledging that these are subject to applicable laws and regulations imposed by the Federal Laws of the United States of America, and its territories, in addition to the laws of this country. I also understand that all participating banks will use this information to adequately identify the parts involved. The Bank will not be held responsible for losses, incorrect credits or penalties, when the information provided by the client is incorrect or invalid. I authorize Banco San Juan Internacional, Inc. to debit my account for the outstanding balance, plus any applicable service charges pertaining to this transaction.

*If the available balance in the deposit account has insufficient funds to complete the automatic payment for the outstanding balance of the credit card account, the Bank will debit the total available balance of the account related to the credit card account.

SECTION V SIGNATURES

Names and surnames	Signature	<input type="text"/>
		Date (mm/dd/yyyy)

Names and surnames	Signature	<input type="text"/>
		Date (mm/dd/yyyy)

SECTION V FOR INTERNAL USE ONLY

Reviewed by:

Name and surname of back office officer	Signature	<input type="text"/>
		Date (mm/dd/yyyy)

Approved by:

Name and surname of compliance officer	Signature	<input type="text"/>
		Date (mm/dd/yyyy)

AUTHORIZATION FOR CREDIT CARD TOTAL BALANCE RECURRING MONTHLY PAYMENTS

I hereby request and authorize Banco San Juan Internacional, Inc. to, on the monthly payment due date of the credit card, proceed as follows (until otherwise noticed):

- Payment of total balance of the credit card, on the due date (12th day of each and every month) through charge on my savings account number: _____
- Card linked to the account: _____

Authorized signatures

Names and surnames Signature

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 Date (mm/dd/yyyy)

Names and surnames Signature

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 Date (mm/dd/yyyy)

Names and surnames Signature

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 Date (mm/dd/yyyy)