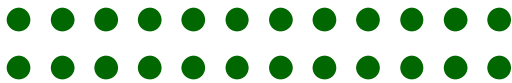


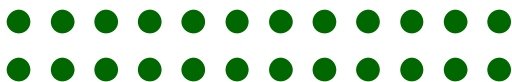
Requirements

- ◆ Maintain a USD deposit account with CIBL with a balance in account equal to at least 150% of the total credit limit approved on the VISA Card issued to you.
- ◆ Notarized color copy of the photograph page of a valid passport.
- ◆ Copy of utility bill.



How do I apply for a card?

Complete the enclosed application and submit along with a notarized color copy of the photograph page of your valid passport, and copy of utility bill to Caye International Bank, Ltd. (CIBL) via email, fax or regular mail.



Caye International Bank, Ltd's Visa Card


- ◆ *Can be used for purchases anywhere in the world,* wherever the VISA logo is displayed.
- ◆ *Cash can be obtain* from worldwide ATM machines displaying the Visa logo.
- ◆ *If your card is lost or stolen,* please contact us immediately for a replacement card.
- ◆ *Additional cards* can be issued to your family or business partners on your VISA card account.



PO Box 11, Coconut Drive
San Pedro, Ambergris Caye
Belize, Central America
Ph: +501-226-2388
Fax: +501-226-2892
Email: cibl@btl.net
services@cayebank.bz
Website: www.cayebank.bz



Personal Collateralized VISA Debit Cards

Get the  Card today and have access to your Funds 24/7!!





Personal Collateralized Debit Card Application



ACCOUNT HOLDER/ CARDHOLDER INFORMATION

Please print clearly and provide all information requested

Title: Mr. Mrs. Miss

Last Name:

First Name:

Mailing Address:

Usual Residential Address:

Telephone Number:

Fax Number:

Date of Birth:
(yyyy/ mm/ dd)

Passport Number:

Place & Issued Date:
(P-yyyy/ mm/ dd)

Expire Date:
(yyyy/ mm/ dd)

Account No. with CIBL:

ADDITIONAL CARDHOLDER INFORMATION

Title: Mr. Mrs. Miss

Last Name:

First Name:

Middle Name(s):

Usual Residential Address:

Date of Birth:
(yyyy/ mm/ dd)

Passport Number:

Place & Issued Date:
(P-yyyy/ mm/ dd)

Expire Date:

EMBOSSING OF ADDITIONAL CARDHOLDER'S NAME

YOUR VISA CARD WILL BE EMBOSSSED WITH YOUR PERSONAL NAME

Please indicate how you would like your name to appear on the card. (max 26 characters)

EMBOSSING OF PERSONAL NAME

YOUR VISA CARD WILL BE EMBOSSSED WITH YOUR PERSONAL NAME

Please indicate how you would like your name to appear on the card. (max 26 characters)

CREDIT LIMIT REQUIRED

Please indicate monthly credit limit required. Maximum of \$10,000 USD.

For Bank Use Only:

AGREEMENT

If this application is approved, please open an account in our name; (or of applicable, make use of our existing account with you) and issue a Debit Card on the account to the cardholder who is signing this application and periodically renew or replace the Card. We certify that all information we have supplied you ("Caye International Bank, Ltd.") in this application is true and complete. We agree to be bound by the Debit Card Agreement (as varied from time to time by you at your discretion) that you will send to us and the cardholder at the same time you issue, renew or replace the Card. If the cardholder signs, uses or accepts the Card, it will mean that both we and the cardholder have received and read the Debit Card Agreement and have understood and agreed with you with respect to everything written therein. We also hereby acknowledge and understand that our credit information will be provided to EasyKard processing services in London, England, a processor of Visa International.

We will be liable to you for all amounts charged to the account with or in connection with the card. We will also be liable to you for all amounts owed on the Card and shall be bound with respect to the terms that we have agreed to with you both here and in the Debit Card Agreement.

We agree to maintain a US\$ deposit amount in our account with you equal to atleast 150% of the total limit approved on all Debit Cards issued by you at our request (the "Collateral Amount"). To the fullest extent permitted by law, we hereby charge all rights, title and interest in and to the Collateral Amount and the debt represented thereby to you by way of first fixed charge as security for the payment and satisfaction of all obligations and liabilities on the Debit Card(s). We acknowledge and accept that unless we have your written consent or you have confirmed that the obligations and liabilities on the Debit Card(s) have been irrevocably paid and discharged in full, we shall not be entitled to withdraw the whole or part of the Collateral Amount held by you, or assign, transfer or otherwise dispose of all or any part of any right title or interest in or to such Collateral Amount. We further accept that the Collateral Amount shall be a continuing security, shall extend to the ultimate balance of the liabilities on the Card(s) and shall continue in force notwithstanding any intermediate payment in whole or in part of such liabilities.

We authorize you to request financial information and references from any other financial institution for the purpose of this application.

SIGNATURES

Signature of ACCOUNT HOLDER/ CARDHOLDER _____ Date

Signature of ADDITIONAL CARDHOLDER _____ Date