

Please complete this form in BLOCK CAPITALS and in black ink.

Date (DD/MM/YYYY)

Customer Identification
(CIF) number

Credit card number

(Place a clear "X" inside the box. If you make a mistake, block out the entire box, and mark the correct box.)

Mr. Mrs. Ms.

First name

Middle name

Surname

Telephone number
Office

Residence

Mobile

Company name

If you are salaried:

Basic monthly income

Monthly allowances

Total monthly salary

I agree to the terms and conditions mentioned on the reverse of this form.

Cardholder signature

Terms and Conditions

1. The standard Terms and Conditions of The Royal Bank of Scotland N.V. (the "Bank") that apply to the customer's credit card from time to time shall apply to this transaction.
2. Only those credit cards issued more than 12 months prior to the limit increase request will be eligible for a credit card limit increase. The approval on credit card limit increase is subject to the Bank's credit policy and is at its absolute discretion.

FOR BANK USE ONLY

Incident number

Customer Service Officer signature