



A. GENERAL INFORMATION			
Information	APPLICANT	ADDITIONAL CARD 1	ADDITIONAL CARD 2
Name			
Surname			
Certification Type	ID ; Passport	ID ; Passport	ID ; Passport
ID / Passport No			
Date of Birth			
Citizenship			
Country of Residence			
Address (Street, Number, Postal Code and City)			
Years at address			
Home Phone Number			
Work Phone Number			
Mobile Phone Number			
E-mail			
Profession			
Date of Employment			
Name of Employer			
Type of Residence	Owned ; Rented ; Parents'		
Marital Status	Married ; Engaged ; Single Widowed ; Divorced		
Full Name (Spouse)			
Cert. Type (Spouse)	ID ; Passport		
ID / Passport No (Spouse)			
Profession (Spouse)			
No of Dependents			
Ages of Dependents			

B. APPLICANT'S INCOME - EXPENSES - LIABILITIES (€)			
Income (monthly)		Expenses - Liabilities (monthly - not with Alpha Bank)	
Salary		Rent	
Other Income		Housing Balance	
Source of other inc.		Housing Installments	
Spouse's Income/ Expenses		Other Loans Balance	
Salary		Other Installments	
Loan Installments		Overdrafts Limit	
Banking Relationships		Credit Cards Limit	
Bank 1		The monthly income stated will be deposited in an account	
Bank 2		with Alpha Bank?	Yes ; No
Note: The personal details and income information of the spouse of the applicant are mandatory in case the application is submitted by a single applicant and the applicant wishes that the income is taken into account when examining the application. Proof of income of the spouse must also be submitted.			

C. APPLICANT'S ASSETS		
Type	Value €	Mortgage €
House/ Flat		
Other		

D. CARD DETAILS			
New Limit €		Increase of Limit €	
Existing Limit €		Expiry date (for Temp. Limit)	
ADDITIONAL INFORMATION FOR NEW LIMIT			
Payment Method	All 3% 5% 10%	Account Number (linked to the card)	
Existing holder of Aegean Miles&Bonus Card	Yes ; No	If Yes, Miles&Bonus Member ID (FFN)	
Details	Applicant	Additional Card 1	Additional Card 2
Name (printed on card)			
Surname (printed on card)			

E. COLLATERAL			
	Name & Surname		Relation with Applicant
Personal Guarantees			
Cash Deposit	Amt (€)	Deposit Holder	Bank Account No
Other	<input checked="" type="checkbox"/>	Type	<input checked="" type="checkbox"/> Type
		Alpha Individuals Plan	Life Insurance

F. OTHER INFORMATION		
Language for Legal Documents	Greek ; English	
Related parties (person or company) who already have a relationship with Alpha Bank	Name	Relationship

G. OTHER PRODUCTS	
<input type="checkbox"/>	Alpha Express Banking

H. SUPPORTING DOCUMENTS	
<input type="checkbox"/>	ID/ Passport
<input type="checkbox"/>	Proof of earnings
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Home Telephone Bill
<input type="checkbox"/>	Statement of Assets and Liabilities (ΚΠΟΣ) of Guarantors

I. DECLARATION AND SIGNATURE(S)	
1. I accept that in accordance to "The protection of a specific category of guarantors Law of 2003", the Bank will inform in writing any guarantor(s) for any excess in my accounts with the Bank and / or any breach of my obligations to the Bank. The Bank will charge my account with any expenses arising from the preparation of such letters. Furthermore, I accept that the Bank will also charge my account with any expenses arising from the preparation of letters addressed to myself and relating to excesses in my accounts with the Bank and / or any breach of my obligations to the Bank.	
2. I authorize the Bank to conduct any enquiry it may consider useful in order to ascertain the situation in relation to my property and my economic activity. For this purpose, the Bank may request and gather any relevant information and details from any person.	
3. Irrespective of the final outcome of my application, I accept to pay to the Bank any amount it may charge for its costs and expenses in connection with the conduct of the aforesaid enquiry and generally in connection with the examination, the processing and the approval of my application and I authorize the Bank to charge any such amount to any account I hold.	
4. I confirm that the information set out in the present application is true and correct.	
5. I agree that the Bank may reject my application in its absolute discretion and for any reason.	

Applicant's Signature Date: _____	Additional Card 1 Applicant's Signature Date: _____	Additional Card 2 Applicant's Signature Date: _____
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J. GUARANTOR(S) SIGNATURE(S)			
Guarantor's 1 Signature	Date: _____	Guarantor's 2 Signature	Date: _____
Guarantor's 3 Signature	Date: _____	Guarantor's 4 Signature	Date: _____

K. PROVIDER(S) OF COLLATERAL(S) SIGNATURE(S)			
Provider's 1 Signature	Date: _____	Provider's 2 Signature	Date: _____
Provider's 3 Signature	Date: _____	Provider's 4 Signature	Date: _____

WITNESSES OF SIGNATURES			
_____	_____	_____	_____
Name	Date: _____	Name	Date: _____