THIRD PARTY PAY PAL ACCOUNT AUTHORIZATION FORM

Name of Cardholder Pay pal account:	
Pay pal account:	
I.D. Number:	
Billing Address:	
Phone:	

The undersigned agrees that he/she is an authorized user of the above-mentioned credit card.

The cardholder authorizes _____ to charge this credit card as per below details.

Authorised Amount: €_____

Reason for the authorization to use the card to make a deposit:

_____

_____

Please state if the credit card will be used for **one time deposit** only: _____

Relationship* to the authorized user: _____

** (For example friend, husband, partner, father or mother)*

Origin of funds**: _____

*** (For example: Employment, Savings, Business Activities or Pension)*

Employment status***: _____

*** (For example: Employed, Self Employed, Retired, Unemployed or Student)*

Annual income (tick the correct one):		
	☐	< €20,000
	☐	€20,000 - €49,999
	☐	€50,000 - €99,999
	☐	€100,000 - €249,999
	☐	€250,000 - €499,999
	☐	€500,000 - €999,999
	☐	> €1,000,000

Net Worth (tick the correct one):		
	☐	< €20,000
	☐	€20,000 - €49,999
	☐	€50,000 - €99,999
	☐	€100,000 - €249,999
	☐	€250,000 - €499,999
	☐	€500,000 - €999,999
	☐	> €1,000,000

SIGNATURE OF CARDHOLDER: _____

DATE: _____

**** PLEASE PROVIDE SCANNED (FROND & BACK) COPY OF THE CREDIT CARD AS PER SECURITY INSTRUCTIONS ****

**** PLEASE SEND PASSPORT / ID COPY AND UTILITY BILL OF THE CARD HOLDER ****