



Membership Application Form

Personal Information – must be 18 years old or older for membership

Date of birth: / /

Last name:

First name:

Address:

Post Code:

Home tel number:

Mobile:

Email:

Security type

Tick box Visa Mastercard Switch/Visa delta/Maestro

Card number :

Expiry date issue number

The applicant authorises MoviebankK to debit the above/current/debit card in order to recover all charges due and owing to MoviebankK as detailed in the Terms & Conditions of this membership.

Identification type – to be completed by staff

Description of address verification

Description of signature verification

Verify by: _____

Declaration

I confirm that I am 18 years old or older and that all the information I have given MoviebankK is true and complete and I that I have read and accepted the terms and Conditions & Data Protection Statement printed. We will inform you of other products and services relevant to you.

From time to time we will send you some marketing, promotional and information associated with MoviebankK if you don't want us to do so please tick the box

PIN CODE Please choose a 4 DIGIT number for your Moviecard: _____

Signature _____

Date _____