



Devidot Bank Inc. An Authorized Financial Institution
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Bank Website: <https://devidot.com>

ACCOUNT AND CARD APPLICATION FOR TRANSFER AND UPGRADE

Requirements

Please take careful note of the compulsory requirements when filling the form:

- Copy of photo image passport.
- Copy of any valid Identity card.

Additional requirements for Upgrading / KYC

- Proof of address
Utility Bill
Any Valid Account Statement from another bank

Personal details

Account number: _____

Full name: _____

Address: _____

Account Type: _____

Date of Birth: *MM/DD/YYYY* _____

Occupation: _____

Name(s) of the deceased child or children: _____

Card details Chose one (Credit or Debit)

Credit Card

Master Card Visa Card American Express Visa Platinum Visa Gold

Debit Card

Master Card Visa Card

Charges (New)

- Master Card **\$2100** (New with Balance above 5 million USD)
- Visa Card **\$2560** (New with Balance above 5 million USD)
- American Express **\$2460 USA only** (New with Balance above 5 million USA)
- Visa Platinum **\$4360 Unlimited** (New with Balance above 5 million USD)
- Visa Gold **\$3760 Unlimited** (New with Balance above 5 million USD)
- Shipping Fee **\$1050 (Optional)**

Charges (Renewal)

- Master Card **\$2100** (New with Balance above 5 million USD)
 - Visa Card **\$2560** (New with Balance above 5 million USD)
 - American Express **\$1460 USA only** (New with Balance above 5 million USD)
 - Visa Platinum **\$1360 Unlimited** (New with Balance above 5 million USD)
 - Visa Gold **\$2760 Unlimited** (New with Balance above 5 million USD)
 - Shipping Fee **\$1050 (Optional)**
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- Confirm to using the above address to ship your card else, give a new address below

Billing Address:

Note:

Card processing and shipping duration takes 3-10 days

Without completing and meeting the terms your account will not be issued to complete your transaction

Submission of this form, takes 48hours

Kindly make your payment for the processing few through our intermediary platform inside your bank or crypto.

Signed at _____ this _____ day of _____ 20_____

Signature of Applicant

Next of Kin

Office use only do not write here

Account Officer

General Manager