



## CARDHOLDER'S WAIVER OF INSURANCE COVERAGE

No. \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_\_  
Name and surname / Company name

Personal ID number / Company number \_\_\_\_\_

Card (s) number (s):

Expires on:

Maestro \_\_\_\_\_ DD / MM / YYYY

Maestro Olialia \_\_\_\_\_ DD / MM / YYYY

MasterCard Standard \_\_\_\_\_ DD / MM / YYYY

MasterCard Football \_\_\_\_\_ DD / MM / YYYY

Ūkio banko lizingas MasterCard \_\_\_\_\_ DD / MM / YYYY

MasterCard Gold \_\_\_\_\_ DD / MM / YYYY

MasterCard Business \_\_\_\_\_ DD / MM / YYYY

I hereby declare that I waive of my free will of insurance coverage for the above specified card (s). I am aware of the fact that by waiving of the security program I assume increased risk concerning unauthorised use of my card. I am also aware of the fact that the bank assumes responsibility for unauthorised transactions within the limit of the standard daily transactions only and the bank does not assume any responsibility for the transactions confirmed by the PIN.

\_\_\_\_\_  
Client's name and surname

Client's signature \_\_\_\_\_

Date: \_\_\_\_\_  
DD / MM / YYYY

If the service was used before the insurance coverage remains valid until the end of the current month. This provision is not applicable to newly issued cards.

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### FOR ŪKIO BANKAS USE ONLY

The Application / waiver accepted by: \_\_\_\_\_  
First name, last name

Signature \_\_\_\_\_

Date: \_\_\_\_\_  
DD / MM / YYYY