

Personal Banking Credit Card Application Form

Requirements

- Original ID or passport
- Original PIN certificate
- One passport size coloured photograph
- Copy of utility bill (electricity, telephone, water, cable/internet, tenancy agreement) not more than 3 months old
- Certified Bank Statements for the last 6 months - (for non-CBA customers)
- Payslips for the last 3 months

PERSONAL INFORMATION

Title: Mr. Mrs. Ms. Dr. Prof. Hon. Other (Please specify) _____

Name _____
First Middle Last

*Preferred name for official communication: _____

Date of birth _____ (DD/MM/YYYY) PIN _____ Nationality _____

Country of Birth _____ Place of birth _____

Child Name (If Applicable) _____
First Middle Last

Marital Status Single Married Divorced Widowed

Gender Male Female

Identification Document _____ Document No. _____
(National ID, Passport, Alien ID, Disciplined forces ID)

Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Physical Address (Residential) _____ Plot No. _____

Length of stay at current residence in years _____ Nearest Landmark _____

Is the property Company House Rented Own House Live with parents

Mobile No. (1) _____ Mobile No. (2) _____

Email (Preferred) _____ Email (Other) _____

Next of Kin (Name) _____

Relationship Spouse Child Parent Other (Please specify) _____

Next of Kin Tel Contacts _____ Postal Address _____

Postal Code _____ Town/ City _____ Country _____

EMPLOYER/ BUSINESS DETAILS

Employment type: Permanent Pensionable Contract Casual Self Employed Other _____

Occupation _____ Name of Employer _____

Employee Department _____ Employee Position _____

If Self employed, State Nature of Business _____

Gross Income Band (KES '000) A 0 - 50 B 51 - 100 C 101 - 200 D 201 - 250 E 251 - 500 F Above 500

Employers Postal Address _____ Postal Code _____ Town/ City _____ Country _____

Employers / Business Physical Address _____ Plot No. _____

Tel (Off) _____ Fax _____ Mobile No. (Off) _____

Employers / Business Email Address _____

Other accounts held currently (with CBA or other banks)

Bank Name _____ Branch _____ A/C No _____

Bank Name _____ Branch _____ A/C No _____

REFEREES DETAILS

Referee 1

Referee 2 *(must be a relative)*

Full Name		
Relationship		
No. of years acquainted		
Nationality		
Tel. Home		
Tel. Work		
Tel. Mobile		
Physical address Work/Residence		
E-Mail Address		

RECREATION INTERESTS *(please tick as appropriate)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Art/Antiques | <input type="checkbox"/> Fine foods/Wine | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Athletic/Other Activity sport Art/Antiques | <input type="checkbox"/> Foreign travel | <input type="checkbox"/> Tennis/Other Racket sports |
| <input type="checkbox"/> Bicycling/Mountaineering/Hiking | <input type="checkbox"/> Golf | <input type="checkbox"/> Water sport |
| <input type="checkbox"/> Dance/Ballet | <input type="checkbox"/> Health club/gym | <input type="checkbox"/> Others <i>(please specify)</i> |
| <input type="checkbox"/> Equestrian sports | <input type="checkbox"/> Music/Theatre | _____ |

CARD DELIVERY

Please indicate which CBA Branch you wish to collect your card(s) from.

Branch/Specify _____

AUTO PAY INSTRUCTIONS

This facility allows automatic debiting of your CBA Current or Savings Accounts for settlement of your monthly statements.

How does it work?

Payment is made automatically from your nominated CBA account in accordance with your instructions to settle your CBA Visa Card Account.

Safety

No payment is made unless you have authorized us to do so.

Control

You remain in total control. You will be advised in advance on your monthly statements from CBA of the amounts due and when they will be charged to your bank account. Should you have a query about payment, you may contact us for immediate action.

AUTO PAY INSTRUCTIONS

Please indicate the percentage of the outstanding amount to be debited monthly. (min 20%)

Percentage _____

Account Name _____

Account Type _____

Account No. _____

Instructions to the Bank

I/We instruct you to pay autocredit payments from my/our account at the request of CBA VISA Card.

The amounts are variable and are to be debited on various dates (*but not to exceed total amount outstanding on due date*).

Authorized Signatory _____ Date _____

Authorized Signatory _____ Date _____

DECLARATION

Please issue me with a CBA VISA Classic /Gold Card. I warrant that the information given in the application form is true and complete and I authorize you to make any inquiries necessary in connection with this application. I have read, accepted and agree to be bound by the CBA VISA Card General Terms and Conditions (as amended from time to time). I agree that I/We are jointly and severally liable for all charges incurred through the use of CBA VISA Card. I/We understand that Commercial Bank of Africa Limited reserves the right to decline the application without giving reasons.

Name _____

Signature _____

Date _____

ADDITIONAL DECLARATION

1. I have read and understood or have been explained to *(in a language I understand)* the General Terms and Conditions referred to herein and which form part of this Application Form and which are also available in all CBA branches or website www.cbagroup.com and I agree to be bound by them. I acknowledge that I am bound by any variation the Bank makes to these documents.
2. I confirm and warrant that all information *(including any documents)* I have given to the Bank in connection with this application is correct, complete and not misleading. If any of the information provided is incorrect or misleading I will be personally liable for the same. I undertake to promptly notify the Bank if I become aware that any information I have given changes, is incorrect or misleading.
3. I agree that the Bank will send all correspondences in electronic form using email or any other electronic media advised to the Bank herein or as may be advised from time to time in writing. However, the Bank reserves the right to send paper correspondences to me by post to my last known address as per the Bank's records. It shall therefore be mandatory for all customers to provide an electronic address, facsimile or email.
4. I represent and warrant that I have all the necessary power and authorisations to own assets, carry on business, enter into each of the banking agreements and any other arrangement with the Bank to ensure compliance with my obligations under this Agreement
5. I authorise the Bank to disclose to, and verify any of the information I have given to the Bank or my credit standing from anyone the Bank may consider appropriate *(such as an authority or credit reference agency)*.
6. I confirm that the personal information provided in this application form and that of my joint account holder *(if any)* or authorised person *(if any)* will apply to the account(s) I hold with the Bank unless I expressly tell you otherwise.
7. I consent to the Bank contacting me at the address, email address and phone numbers I have provided herein for purposes of providing information on the credit card or any other products and services that the Bank, or its strategic partners, may offer.
8. I agree and acknowledge that If I am applying for a bundled product that the Bank may vary or terminate the package offers or change the terms of the package by giving me notice. I also understand that should I wish to terminate one of the bundled products, I agree that the Bank may charge me an additional fee for the remaining product(s).
9. I agree that the Bank shall have the right to set off any amount that may be outstanding on my card account at any time against any other of my/our account with the bank in the event of default. I authorise the Bank to purchase such foreign currency with the monies standing to the credit of my account(s) as may be necessary, to effect the set off and settle any outstanding card facility where necessary. I agree that where any amounts in my/our accounts is held as security, that security over the funds will not be released or discharged until the full repayment of the facility(ies). I further agree that I shall lay no claim whatsoever to the funds held under security until such time the facility is repaid in full.

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

