

## Business Secured Credit Card Application Form

[www.cbagroup.com](http://www.cbagroup.com)

### Requirements

- ▶ Memorandum and Articles of Association of your Company
- ▶ Audited accounts for the last two years
- ▶ Certified Copy of your bank statements for the last 6 months
- ▶ Certified Copy of Certificate of Incorporation/Registration
- ▶ Certified Copy of ID and 1 passport photo of the nominated card holder





**CARD PREFERENCE**

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Business Gold Card

KSHS

USD



**COMPANY DETAILS**

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Name of Company or Firm \_\_\_\_\_

Please tick one:  Limited Liability Company  Sole Proprietor  Partnership  Other (Please specify)

\_\_\_\_\_  
 \_\_\_\_\_

Nature of Business \_\_\_\_\_

Business physical address \_\_\_\_\_

Building \_\_\_\_\_ Floor \_\_\_\_\_ Postal address: P.O. Box \_\_\_\_\_

Postal Code \_\_\_\_\_ Town \_\_\_\_\_ Tel \_\_\_\_\_

Fax \_\_\_\_\_ Telex \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Year of incorporation \_\_\_\_\_ Issued share capital KShs. \_\_\_\_\_

Name of parent company if any \_\_\_\_\_

Postal address: P.O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Telex \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Names of shareholders/Partners & shareholding

Name	Shareholding



2. Title: Mr./Mrs./Miss./Dr./Prof. \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

ID/Passport number (attach copy) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Home physical address \_\_\_\_\_

Estate \_\_\_\_\_ Hse. No \_\_\_\_\_

Hse. Tel \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Title: Mr./Mrs./Miss./Dr./Prof. \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

ID/Passport number (attach copy) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Home physical address \_\_\_\_\_

Estate \_\_\_\_\_ Hse. No \_\_\_\_\_

Hse. Tel \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Title: Mr./Mrs./Miss./Dr./Prof. \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

ID/Passport number (attach copy) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Home physical address \_\_\_\_\_

Estate \_\_\_\_\_ Hse. No \_\_\_\_\_

Hse. Tel \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARD DELIVERY**

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

Branch/Specify \_\_\_\_\_ CBA Card Centre Upper Hill \_\_\_\_\_

**BOARD RESOLUTION**

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At a duly convened meeting of the Board of Directors of \_\_\_\_\_  
(insert name of company)

Held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

It was resolved as follows:

A. The Commercial Bank of Africa Limited be and is hereby authorized and/or requested to:

- i. Open a CBA Credit CARD Account in the name of the Company.
- ii. Make any enquiries it deems necessary in connection with the request.
- iii. Issue at its discretion a Card on the company's Card Account to any person(s) nominated in a request signed by between person(s) holding the position(s) as detailed below
- iv. Issue cards to the following staff:

Full name of applicant \_\_\_\_\_

Position held \_\_\_\_\_ Credit limit requested \_\_\_\_\_

Full name of applicant \_\_\_\_\_

Position held \_\_\_\_\_ Credit limit requested \_\_\_\_\_

Full name of applicant \_\_\_\_\_

Position held \_\_\_\_\_ Credit limit requested \_\_\_\_\_

The Company undertakes to notify the Bank of any change of holder(s) of such position(s) and until such notification is received by the Bank to be bound by any such nomination(s)

Total Credit limit requested (minimum Kshs 30,000; USD 1,000) \_\_\_\_\_

Please note that the total credit limit must be sufficient to cover the sum total of the individual Card Holder limits. However it is also advisable to allow extra capacity to cover future needs.

B. The company hereby:-

- Accepts and agrees to be bound by the CBA CARD Conditions of use (which have been produced at the meeting of which certified copy of this resolution forms part) and as amended from time to time.
- Warrants that the information given herein is true and complete
- Agrees to pay and hereby authorizes the Bank to debit to the Company's CBA CARD Account the fees payable pursuant to the Conditions of Use or as agreed between the Company and the Bank from time to time.

C. That the Company hereby continuously, unconditionally and irrevocably agrees to be responsible, indemnify and guarantee the Bank the complete and full payment of all expenses / charges / costs or any debts or liabilities, irrespective of the total sums due and whether incurred rightly or otherwise by any or all of our above named Directors /Officers and / or any other authorized Card user through the use or otherwise of the CBA Visa Business Cards and further accepts and agrees to be bound by all the provisions of the Bank's general Terms and Conditions as well as the CBA Visa Business Cards terms of use which have been read and duly understood. We further undertake to formally notify CBA immediately, in the event of the Card Holder(s) leaving employment for any reason whatsoever.

We certify that the above is a true extract from the minutes.

Sealed with the Common seal of

.....

In the presence of:  
Director:

Director/Secretary:

Date Sealed: .....

#### **AUTO PAY INSTRUCTIONS**

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This facility allows automatic debiting of your CBA Current Accounts for 100% 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 CBA 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.

**INSTRUCTION TO THE BANK**

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Please complete to instruct your Commercial Bank of Africa Branch to make payments directly from your company Account for the credit of your Corporate CBA CARD Account. Then return the form to CBA Card Centre, P.O. Box 30437, 00100 Nairobi

To the Manager

Commercial Bank of Africa Limited

Branch \_\_\_\_\_ Company Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type \_\_\_\_\_

We instruct you to make Auto Credit payments from our account at the request of CBA CARD. The amounts are variable and are to be debited on varying dates. We understand that the amount and date of each payment will be notified to us in advance on the monthly CBA Card Statement. We will inform the Bank in writing if we wish to cancel this instruction. We understand that if any Auto Credit is paid contrary to the terms of this instruction CBA will refund.

We acknowledge that we shall ensure that the company account is at all times sufficiently funded for purposes of the Autopay service and that if the account is not sufficiently funded and the Autopay is not successful, the Bank is entitled to levy the failed autopay charges as per the banks tariff.

**DECLARATION**

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We wish to apply for a Corporate/Business Credit card facility and request that card(s) be issued (and new or renewal Card(s) from time to time) for the individual(s) named above. We agree to be bound the CBA Credit Card Terms and Conditions and by any subsequent amendments. Similarly, by their signatures above, the Nominated Card Holder(s) agree to be bound by CBA Credit Card Terms and Conditions of Use of the CBA Credit Card. We agree that we, jointly and severally with the individual Card Holder(s) will be liable for all charges through the use of each card.

We warrant that the information given above is correct and authorize the Bank to contact our bankers or any other party to obtain information required to process our application. We understand that CBA has the right to decline this application (or to refuse to issue a card to any individual nominated by us) without giving any reason.

Dully Signed for and on the behalf of the Company or Firm:  
Sealed with the Common seal of

.....

In the presence of:  
Director:

Director/Secretary:

Date Sealed: .....





