Business Credit Card Application Form

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
BUSINESS CREDIT CARDS

Card Preference

☐ Secured Credit Card  ☐ Unsecured Credit Card

Business Gold Card

☐ KSHS  ☐ USD

COMPANY DETAILS

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

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<tr>
<th>Name</th>
<th>Shareholding</th>
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</table>
Names & addresses of directors/Partners

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<tr>
<th>Name</th>
<th>Shareholding</th>
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**COMPANY BANKING DETAILS**

Bank name ______________________ Branch ______________________

Account held for ________ Years ________ Months Account number ______________________

If you have changed your bankers in the last 2 years please give previous banker's name ______________________

Branch ______________________ Account held for ______________________

Account number ______________________

Contact name of person who will be Responsible for the Corporate CBA Credit Card accounts

Name ______________________

Email ______________________ Mobile No. ______________________ Position ______________________

Please indicate here how you wish your company name to appear on the card(s)

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(Maximum 26 letters including spaces)

**NOMINATED CARDHOLDERS' DETAILS**

To be completed by the Nominated Cardholders,

1. 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 ______________________
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

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

Branch/Specify _____________________________ CBA Card Centre Upper Hill _____________________________

BOARD RESOLUTION

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

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

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.

BUSINESS CREDIT CARD FEES

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<tr>
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<th>Business Visa Gold Card Kshs</th>
<th>Business USD Visa</th>
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<tr>
<td><strong>Secured Credit cards</strong></td>
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<tr>
<td>Joining Fee</td>
<td>Kshs. 5,000</td>
<td>USD 100</td>
</tr>
<tr>
<td>Annual subscription</td>
<td>Kshs. 3,500</td>
<td>USD 100</td>
</tr>
<tr>
<td>Additional Cards</td>
<td>Kshs. 5,000</td>
<td>USD 100</td>
</tr>
<tr>
<td><strong>Unsecured Cards</strong></td>
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<tr>
<td>Joining Fee</td>
<td>Kshs. 10,000</td>
<td>USD 100</td>
</tr>
<tr>
<td>Annual subscription</td>
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We expect 100% payment of the amount due as per the credit card statement otherwise Interest will be charged. Interest, where applicable, is charged on a monthly basis.

Interest rate (Kshs. credit card)  Annual rate of up to the prevailing CBR plus the Banks Margin currently at 4%.
Interest rate (USD Credit card)    Currently at 3.5%.

CBR refers to Central Bank Rate which is subject to change as advised from time to time by the Central Bank of Kenya (CBK). The Banks margin is also subject to change which will be advised from time to time.
DECLARATION

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: .........................