

CREDIT CARD APPLICATION FORM



PERSONAL INFORMATION

Title: _____ Last name: _____
 First name: _____ Other names: _____
 Date of Birth _____ Sex: Male Female
 Place of Birth _____ Marital Status: Single Married Divorced Widowed
 Nationality: _____
 Email Address: _____
 Billing Address: _____
 Mobile: _____ Form of Identity: _____ Identity No: _____
 Issuing Date: _____ Expiry Date: _____

EMPLOYMENT DETAILS

Employment Status: Self Employed { } Employed { } Others { }
 Employment Status: Blue Chip (Publicly Traded) { } Others { }
 Occupation: _____ Employer: _____
 Industry/Sector: _____ Employment Level: _____
 Years with current employer: _____ income Sources: Salary { } other sources { }
 Approx. Annual Income: _____ Specify: _____
 Office Address: _____

CARD INFORMATION

Type: MasterCard { } Visa { } Currency: EUR { } USD { }
 Category: Classic { } Gold { } Platinum { } Infinite { }

| Applicable Fees | Classic | Gold | Platinum | Infinite |
|--|----------------|-------|----------|----------|
| Card Issuance Fee | \$3 | / \$3 | \$3 | \$3 |
| Premium card membership Fee (Annual) | Not Applicable | \$50 | | \$2,000 |
| Card maintenance fee (quarterly fee / Annual fee) | \$10 | \$10 | \$10 | \$10 |
| Card Renewal Fee | \$3 | \$3 | \$3 | \$3 |
| Late Payment Fee | \$30 | \$50 | \$75 | \$100 |

****Premium card Fee is applied on activation of your premium Gold, Platinum and Infinite card**

Desired Card Limit: \$/ _____ Limit on existing credit card \$/ _____

Preferred Name on card

Settlement Method: 5% { } 10% { } 20% { } 30% { } 50% { } 100% { }

I hereby authorize you to debit my Domiciliary Account USD _____

And/Or my current account for Local transactions _____

On a monthly basis with my minimum due balance, being value for my settlement of my VISA/MasterCard transactions for the month

Signature _____

Date (DD/MM/YYYY) _____

BANK USE ONLY

Current Account Number: _____ Cash Dom A/C Number: _____
 Savings Account Number: _____ Ordinary Dom A/C Number: _____
 Processing Officer: _____ Signature & Date: _____
 Branch Head: _____ Signature & Date: _____