

PRIME BANK CREDIT CARD APPLICATION FORM - INDIVIDUAL

Please complete all relevant sections in BLOCK letters

I wish to apply for: ☐ Visa Classic Card ☐ Visa Gold Card ☐ Visa Platinum Card

Branch

Credit Limit*

*The bank in its sole and absolute discretion will determine the credit limit, including form and amount of any security to be provided. You will be advised of such security requirement prior to issuing any Card or Supplementary Card.

1. PERSONAL DETAILS

| | | | | |
|----------------------|--|-----------------------------------|--|--|
| Full Names | Title | Surname | First Name | Middle Name |
| Nationality | Date of Birth | Gender | KRA PIN | |
| ID/Passport No. | Place of Issue | CIF ID | | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | P.O. Box | | |
| Post Code | City/Town | Mobile No. | | |
| Landline No. | Email Address | | | |
| Mother's Maiden Name | | | | |
| Residential Address | Street | Estate | House No. | Town |
| Residential Status | <input type="checkbox"/> Owned <input type="checkbox"/> Tenant <input type="checkbox"/> Company House | If Owned, state form of ownership | <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold | <input type="checkbox"/> Other, Please specify _____ |

2. NEXT OF KIN DETAILS

| | |
|-----------|--------------|
| Full Name | Relationship |
| Status | Mobile No. |

3. EMPLOYMENT DETAILS

| | |
|--------------------------------|--|
| Name of Employer | Nature of Business |
| Designation | Since |
| Physical Address of the Office | Employment Terms |
| | <input type="checkbox"/> Permanent <input type="checkbox"/> Contract |
| | Expiry of Contract |

4. BANKING DETAILS

Do you have an account with Prime Bank? NO ☐ YES ☐ If Yes, please give details below:

| Type of Account | Account No | Branch |
|-----------------|------------|--------|
| 1. | | |
| 2. | | |

If you have other bank accounts, please give details

| Bank & Branch | Account Type | Account Number | Years with the Bank |
|---------------|--------------|----------------|---------------------|
| 1. | | | |
| 2. | | | |

Credit/Other Cards Held

| Name of Card | Limit | Held Since |
|--------------|-------|------------|
| 1. | | |
| 2. | | |

5. ADDITIONAL CARDHOLDER DETAILS

Complete this section only if you want us to issue a second card to another person (e.g. your spouse or child or an authorized user of your card account). Please remember that as the Principal Cardholder, you will be liable for usage by the additional user(s). The details to be filled in this section are for an additional user who must sign where indicated.

| | | | | |
|-----------------------------------|--|----------------------------|------------------------------------|-------------|
| Full Names | Title | Surname | First Name | Middle Name |
| Nationality | Date of Birth | Gender | KRA PIN | |
| ID/Passport No. | Place of Issue | Country of Residence | CIF ID | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | Mother's Maiden Name | Employment Details (if applicable) | |
| Relationship to Cardholder | Mobile No. | Landline No. | | |
| Email Address | | | | |
| Signature of Cardholder | Date | Supplementary Card Limit % | | |
| Signature of Principal Cardholder | | | | |

6. EMPLOYER'S GUARANTEE (if Applicable)

If your employer is prepared to guarantee payment of charges on your Prime Card(s), please obtain your employer's signature over the company's rubber stamp.

In consideration of your issuing Prime Card(s) to the above named person(s), we hereby guarantee payment of charges incurred by the said person(s) through the use of the Prime Card(s) by signing below:

| | Name | Signature |
|----|------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |

Company's Rubber Stamp/Seal

| |
|--|
| |
|--|

7. PAYMENT DETAILS (OPTIONAL) - FOR PRIME BANK CUSTOMERS ONLY

This facility allows debiting of your Prime Bank Account for settlement of your monthly outstanding amount. I authorize the Bank to Autopay my bill on the due date of every month at the specified minimum rate of:

☐ 15% ☐ 20% ☐ 50% ☐ 100%

| | Account Name | Account Type | Account No. |
|----|--------------|--------------|-------------|
| 1. | | | |

Signature _____

Date _____

8. DECLARATION

I/We declare that to the best of my knowledge, the information given in this application is true, accurate and complete.

I/We have read, understood, agreed to be bound and confirm acceptance of the Prime Credit Card (Individual) Terms and Conditions and General Terms and Conditions, as amended from time to time available at www.primebank.co.ke/tcs/ and found them to be fair, reasonable and necessary to enable the Bank to continue providing the Credit Card facility to me/ us, and shall not dispute any claim by the Bank against me/ us on the grounds that the charges and or rates of interest charged by the Bank are unfair or unreasonable under any circumstances.

I/We give consent to the Bank making any credit enquiries about me with any credit reference bureau/agencies and/or any third party. I/We and any additional Cardholder agree that I/We are jointly and severally liable for all charges incurred through the use of each card and in the event of default, I/We authorize the Bank to use any credit balance in my other Prime Bank accounts to set off any amounts owing on my card.

I/We understand that Prime Bank Ltd reserves the right to decline the application.

| | | | | |
|----------------------------------|--------------------------|-----------|------|--|
| Tick below to confirm acceptance | | | | |
| Terms & Conditions | | | | |
| <input type="checkbox"/> | Principal Cardholder | Signature | Date | |
| <input type="checkbox"/> | Supplementary Cardholder | Signature | Date | |