

PERSONAL BANKING CREDIT CARD APPLICATION FORM

Requirements

- Certified Copy of ID or passport
- Certified Copy of PIN certificate/ PIN Number
- Certified Bank Statements for the last 6 months - (for non-NCBA 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 on card/ embossed name: _____

Date of birth: _____ (dd/mm/yyyy) KRA PIN: _____ Nationality: _____

Country of birth: _____ Place of birth: _____

Mother's maiden name (If Applicable): _____ Middle

Marital status: Single Married Divorced Widowed

Gender: Male Female

Identification document: National ID Passport Alien ID Disciplined forces ID

Document number:

Postal address: _____ Postal code: _____ Physical address (residential): _____

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

Is the property: Company house Rented Own house Live with parents Mortgage

Mobile number (1): _____ Mobile number (2): _____

Email (personal): _____ Email (office): _____

Next of Kin (name): _____ First Middle Last

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 Contract Self Employed Other (please specify) _____

Occupation: _____ Name of employer: _____

Employee department: _____ Employee position: _____

Length of contract: _____ End of contract: _____

If Self employed, State Nature of Business: _____

Gross Income Band (KES '000) below 150K 150-350K 350-600K 600-3.5M Above 3.5M

Employer's postal address: _____ Postal code: _____

Town/ City: _____ Country: _____

Employers/ Business physical address: _____ Plot number: _____

Tel office: _____ Fax: _____ Office mobile number: _____

Employers/ Business email address: _____

Other accounts held currently (with NCBA or other banks): _____

Bank name: _____

Branch: _____ Account number:

Bank name: _____

Branch: _____ Account number:

REFEREE'S DETAILS

	Referee 1	Referee 2 (must be a relative)
Full name		
Relationship		
No. of years acquainted		
Nationality		
Telephone home		
Telephone work		
Telephone mobile		
Physical address work/ residence		
Email address		

PERSONAL CREDIT CARD

Card preference: Secured credit card Unsecured credit card

KES

Classic Gold Platinum Infinite

USD

Gold

OTHER CREDIT CARD DETAILS

Issuer (name of bank): _____ Credit limit: _____

Card number: _____ Held since: _____

Issuer (name of bank): _____ Credit limit: _____

Card number: _____ Held since: _____

NCBA Credit Card limit requested for:

KES: _____ USD: _____

SUPPLEMENTARY CARD HOLDER 1

Do you wish to have a card issued to another member of your family*? If yes, please provide their details and signature below.
(must be over 18 years old)

Yes No Limit: _____

*Please attach one colour passport size photograph and original ID/Passport of the additional card holder.

Name: _____

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

Date of birth: _____ Tel No. (Off): _____ Mobile number: _____

Country of birth: _____ Place of birth: _____

ID/ Passport number: _____ Country of issue: _____ Nationality: _____

Relationship to principal card holder: _____

Mobile number: _____ Email address: _____

SUPPLEMENTARY CARD HOLDER 2

Do you wish to have a card issued to another member of your family*? If yes, please provide their details and signature below.
(must be over 18 years old)

Yes No Limit: _____

*Please attach one colour passport size photograph and original ID/ Passport of the additional card holder.

Name: _____

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

Date of birth: _____ Tel No. (Off): _____ Mobile number: _____

Country of birth: _____ Place of birth: _____

ID/ Passport number: _____ Country of issue: _____ Nationality: _____

Relationship to principal card holder: _____

Mobile number: _____ Email address: _____

Please issue me with a supplementary card as indicated above. 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 NCBA VISA Card General Terms and Conditions of use and the Credit Card General Terms and Conditions (as amended from time to time).

Name of additional cardholder: _____

Signature of additional cardholder: _____ Date: _____ (dd/mm/yyyy)

Name of additional cardholder: _____

Signature of additional cardholder: _____ Date: _____ (dd/mm/yyyy)

CARD DELIVERY

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

Branch/ Specify: _____

AUTO PAY INSTRUCTIONS (Mandatory)

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

How does it work?

Payment is made automatically from your nominated NCBA account in accordance with your instructions to settle your NCBA 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 the Bank 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.

Payment

You have an option to pay 100% of the amount utilized on your credit card. Should you wish to make partial payment(minimum 10%) of the utilized amount, the prevailing credit card interest rate will apply.

Please indicate the percentage of the outstanding amount to be debited monthly. (min 10%)

AUTO PAY INSTRUCTIONS

Percentage: _____

Account name: _____

Account type: _____

Account number:

Instructions to the Bank

I/We instruct you to pay autocredit payments from my/our account at the request of NCBA 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: (dd/mm/yyyy)

Authorized Signatory: _____ Date: (dd/mm/yyyy)

Privacy Notice

At NCBA, we value your privacy and are committed to protecting your personal information.

This form is used to collect personal information from you which is necessary for us to provide you with the services you require and to comply with applicable legal obligations. We may share your information with other NCBA Group members.

While using your information for authorized purposes, we may need to engage the services of third parties that may process your information outside of Kenya. When we do this, we'll ensure that the transfer is done lawfully and only to third parties who are obligated to handle the information with an appropriate level of protection to ensure the security of your information.

From time to time we may contact you with details of other bank products, services or offers we provide or events and competitions we run and you may opt-out of this at any point by sending an email to contact@ncbagroup.com .

For further details on how we use your information, and your rights in relation to our use of this information, please refer to our Privacy Notice at <https://ke.ncbagroup.com/privacy-policy/> or you may request a hardcopy at any of our branches.

I/We the undersigned, confirm that I/We have read and understood the terms outlined in the Privacy Notice available at <https://ke.ncbagroup.com/privacy-policy/> . I/We hereby authorize NCBA and its affiliates to process my personal information for the purpose stated above and as stipulated in the Privacy Notice.

Name of cardholder: _____

Signature of additional cardholder: _____ Date: (dd/mm/yyyy)

DECLARATION

Please issue me with a NCBA VISA Classic / Gold/ Platinum/ Infinite 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 NCBA VISA Card General Terms and Conditions and the NCBA 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 NCBA VISA Card. I/We understand NCBA reserves the right to decline the application without giving reasons.

Name: _____

Signature: _____ Date: (dd/mm/yyyy)

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 the Bank's branches or website www.ncbagroup.com and I agree to be bound by them. I acknowledge that I am bound by any amendment or variation the Bank makes to these documents.
2. Any amendment or variation made by the Bank to these Terms and Conditions shall be deemed to have been properly notified and served on me if delivered by hand or sent by registered post, telex or fax to the last known address as per the Bank's records. In the absence of evidence of earlier receipt, any notice or demand shall be deemed to have been received, if delivered by hand, at the time of delivery or, if sent by post, seven business days after posting (notwithstanding that it be undelivered or returned undelivered) or, if sent by telex or fax, on the completion of transmission.
3. Where any amendment is made, it shall be sufficient to prove that the notice or demand was properly addressed and posted or shall be deemed to have been delivered and/or received on the date of publication of the advertisement if notice was served by way of advertisement in a daily newspaper.
4. 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.
5. 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.
6. 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.
7. 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).
8. 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.
9. 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.
10. 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) upon issuance of a thirty (30) day notice in the manner set out in paragraphs 2 and 3 above.
11. 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.
12. To activate Visa lifestyle benefits, you must use the NCBA credit card to pay for full travel ticket or make full hotel booking with your NCBA Visa credit card.

Name: _____ Signature: _____

Date: dd/mm/yyyy

Name: _____ Signature: _____

Date: dd/mm/yyyy

