



Safta

Platinum Credit Card Application Form

Checklist

Original ID /Passport and Copy

Original PIN Certificate and Copy

Copy of utility bill (*electricity, telephone, water*) not more than 3 months old

1 (*one*) passport size photograph (*for non-account holders*) Payslips for the last 3 months (*Original or Copy Certified by Employer*)

Certified Bank Statements for the last 6 months (*for non-account holders*)

PERSONAL CREDIT CARD

Card preference

Secured

Unsecured

PERSONAL INFORMATION *(Principal Card Holder)*

Mr./ Mrs./ Ms./ Dr./ Prof./ Hon. _____ Other _____

Name _____
First Middle Last

Date of birth _____ PIN _____ Nationality _____
(DD/MM/YYYY)

Country of Birth _____

Place of birth _____

Marital Status Single Married Divorced Widowed

Number of dependents including spouse _____

Gender Male Female

Identification Document _____ Document No. _____
(National ID, Passport, Alien ID, Disciplined forces ID)

Postal Address _____ Postal Code _____ City/Town _____ Country _____

Physical Address *(Residential)* _____

Plot No. _____ Length of stay at current residence in years _____ Nearest Landmark _____

Is the property Company House Rented Own House Live with parents

Mobile 1 _____ Mobile 2 _____

Email *(Preferred)* _____ Email *(Others)* _____

NEXT OF KIN

Name _____

Relationship Spouse Child Parent

Other *(Specify)* _____

Tel _____ Postal Address _____ Postal Code _____

Town/ City _____ Country _____

Mother's maiden name *(or name of your choice)* for security reasons _____

EMPLOYER/ BUSINESS DETAILS

Employment type Permanent Pensionable Contract Casual Self Employed

Other (Specify) _____

Occupation _____ Name of Employer _____

Employee Department _____ Employee Position _____

If Self employed, State Nature of Business _____

Any other additional sources of income: Source _____

Amount per month USD _____

BANKING DETAILS

Safra Account No's.

I. _____ Length of time account held _____

II. _____ Length of time account held _____

If you have other Bank accounts please give us details

Name of bank _____ Branch _____

Type of Accounts Current Savings Deposit

Acc Nos. _____ Held for _____ Years _____

OTHER FINANCIAL DETAILS

Do you own a house or other commercial property? Yes No

If yes what is the estimated market value and location? _____

Current mortgage outstanding _____ Account Number _____

If you're paying rent for your current accommodation, what is the rent per month? _____

Other loans/Credit _____

NAME OF LENDER	MONTHLY PAYMENT	CURRENT BALANCE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER CREDIT CARD DETAILS

Issuer (Name of Bank) _____ Credit Limit _____

Card No. _____ Held since _____

Issuer (Name of Bank) _____ Credit Limit _____

Card No. _____ Held since _____

Safra Credit Card limit requested for: _____

KES ADDITIONAL CARD HOLDER

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 coloured passport size photograph and original ID/Passport of the additional cardholder.

Name _____

Mr./ Mrs./ Ms./ Dr./ Prof./ Hon. _____ Other _____

Employer (if applicable) _____ Occupation _____ Date of birth _____

Tel No. _____ Mobile No. _____ Country of Birth _____

Place of birth _____ Passport No. _____ Country of issue _____

Nationality _____ Relationship to principal card holder _____

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 Safra VISA Card General Terms and Conditions of use (as amended from time to time).

Signature of additional cardholder _____ Date _____

CARD DELIVERY

Please indicate which Safra Branch you wish to collect your card(s)

from. Branch/Specify _____

REFEREES

	Referee 1	Referee 2 (must be a relative)
Full Name		
Relationship		
No. of years acquainted		
Nationality		
Tel.Home		
Tel. Work		
Tel. Mobile		
Physical address Work/Residence		
E-Mail Address		

RECREATION INTERESTS (please tick as appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> Art/Antiques | <input type="checkbox"/> Fine foods/Wine | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Athletic/Other Activity sport | <input type="checkbox"/> Foreign travel | <input type="checkbox"/> Tennis/Other Racket sports |
| <input type="checkbox"/> Bicycling/Mountaineering/Hiking | <input type="checkbox"/> Golf | <input type="checkbox"/> Water sport |
| <input type="checkbox"/> Dance/Ballet | <input type="checkbox"/> Health club/gym | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Equestrian sports | <input type="checkbox"/> Music/Theatre | _____ |

PLATINUM CREDIT CARD FEE

Joining	USD 5,000
Annual Subscription fees	
Supplementary Card	Free for first 5 cards USD.
For any additional Card	2,000

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 (USD. 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%.

Please indicate the percentage of the outstanding amount to be debited monthly. *(min 20%)*

Percentage _____

Account Name _____

Account Type _____

Account No. _____

INSTRUCTION TO THE BANK

I/We instruct you to pay autocredit payments from my/our account at the request of Safra 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 _____

Authorized Signatory _____ Date _____

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 Safra branches or website www.Safragroup.com and I agree to be bound by them. I acknowledge that I am bound by any variation the Bank makes to these documents.
2. 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.
3. 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.
4. 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
5. 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).
6. 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.
7. 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.
8. 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).
9. 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.

Name _____

Signature _____

Date _____

Name _____

Signature _____

Date _____