

APPLICATION FOR AFRASIA CREDIT CARD

CARD TYPE: ☐ WORLD ☐ TITANIUM

YOUR DETAILS

Customer Identification Number (CIF) ☐ Mr ☐ Mrs ☐ Miss ☐ Other (please specify) _____

Full Name _____

Mother's maiden name _____

Name you would like to appear on card (max. 21 characters)
Example: F J FLOCKHART (surname mandatory)

EMPLOYMENT DETAILS (please tick where appropriate) ☐ Employed ☐ Self-employed ☐ Retired ☐ Other (please specify) _____

FINANCIAL DETAILS

Name of employer _____

Office address _____

Office Phone No. _____

Present position / Occupation _____

Business sector _____ Net monthly/annual salary MUR _____

Length of service _____ Net monthly/annual other income MUR _____

CARD LIMITS

Credit limit requested (MUR, USD, EUR) _____

REPAYMENT TERMS

Monthly repayments made by Debit of AfrAsia Bank A/C No. _____

Repayable percentage ☐ 5% (Minimum payable monthly) ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Statements of account to be sent via (please tick one box) ☐ Email ☐ Post

Delivery of your card by ☐ Courier ☐ Collection from branch

DETAILS OF FACILITIES WITH ANY FINANCIAL INSTRUCTIONS

Institution Name	Type of Facility (credit cards, loans, mortgage and any other facility)	Contracted Amount (MUR 000)	Monthly Repayment (MUR 000)

REQUEST FOR SUPPLEMENTARY CREDIT CARD

Title : Mr / Mrs / Miss _____

Last Name _____

First Name (s) _____

NIC / Passport Number _____

Date and Place of Birth / / _____

Nationality _____

Residential Address _____

Phone Number Home _____ Mobile _____ Office _____ Fax _____

*Please enter the country code before your home phone number, mobile phone number and office phone number

Email Address _____

Relationship with Principal Applicant _____

Name you would like to appear on card (max. 21 characters)

Example: F J FLOCKHART (surname mandatory)

Mother's maiden name _____

CUSTOMER DECLARATION

I/We certify that the information provided is true, accurate and complete and I/we understand that the credit card, if granted, shall be governed by applicable Mauritian laws.

I/We understand that the Bank of Mauritius has, while exercising the powers conferred to it by law, established a central credit bureau, known as the "Mauritius Credit Information Bureau" (MCIB), to collect information from banks on credit card facilities granted to their customers so that banks to which credit card applications are made may obtain information from the MCIB on all credit card facilities granted to credit card applicants by other banking institutions.

I/We understand that all information gathered for such purposes shall be held on a strictly confidential basis by the MCIB and concerned banks. I/We also understand that The Bank shall, within the context of this application's assessment process, access the MCIB to obtain information on credit card facilities granted to me/us by other banking institutions and I/We hereby authorise the Bank to do so.

A condition of the presented credit card application, if granted, shall be that information pertaining to this credit card shall be provided to the MCIB to satisfy the needs of the MCIB and other banks.

I/We understand that the bank reserves the right to reject the credit card facility application, at its own discretion, without giving any reason.

I/We authorise the Bank to share information regarding credit card facilities that have been granted to me/us by other financial institutions.

I /We agree that my/our AfrAsia MasterCard Credit Cards are only to be used subject to the Terms and Conditions of the AfrAsia Bank Credit Cardholder Agreement and I further agree to accept to be bound by the Terms and Conditions of the AfrAsia Bank Credit Cardholder Agreement.

I/We acknowledge to have read the terms and conditions for the use of the credit card and which is available on the Banks's website.

I/We have received the Tariff guide which has been explained that can change from time to time.

I/We agree to be liable jointly and severally for all charges to the principal and supplementary card(s) issued on my/our requests

We, the undersigned , authorise AfrAsia Bank Limited to issue a card in favour of the above named person (aged more than 18), and take the responsibility for the payment of all expenses incurred through the credit card.

We understand that we may be required to execute such agreements as may be requested by the Bank for purposes of inscribing a lien over any bank account as security for the credit card facilities ("Agreements"). We undertake to execute such Agreements promptly upon the Bank's request and we understand that the Agreements shall be of no force and effect unless and until all parties to the Agreements (including the Bank) have duly executed the Agreements. For the avoidance of doubt, we acknowledge that the execution of the Agreements only by us as part of the Credit Card application process does not constitute the Bank's approval to supply us with the Credit Cards.

Main cardholder: Signature _____ Name _____ Date _____

Supplementary cardholder: Signature _____ Name _____ Date _____

INFORMATION CHANGE REQUEST

To be filled in case of changes in any of the below information

Permanent Address _____

Mailing Address _____

Phone Number Mobile _____ Home _____ Office _____

**Please enter the country code before your home phone number, mobile phone number and office phone number*

Email Address _____

I certify that the above information is true & correct and that the Bank is authorised to update its records with the documents submitted herewith, if applicable.

FOR OFFICE USE ONLY

Sales Checklist

Application No: _____

Application By: _____

Personal CIF No: _____

Guarantor CIF No: _____

Remarks: _____

Sent on: _____

Collateral Details: _____

Documents: ☐ Salary Slip ☐ 3 Months Bank Statement ☐ Utility Bill ☐ Identity Card

Credit Department

Received On: _____

Credit Limit: _____

☐ Approved ☐ Pending ☐ Rejected Date: _____

Approved By: _____

Sent for processing on: _____