

PARAMOUNTCARD APPLICATION

(please complete all relevant sections in BLOCK letters using a BLACK or BLUE ballpoint pen)

Copy of I.D or Pa	ssport				If self employed, latest audite	ed/draft accounts	
Document confir	ming address quoted below	e.g. water, powe	er or telephone bil	l	If employed, copy of employ		
One passport siz	e photograph for cardholder	s below, with nan	mes and signatur	e at the back	If employed, copy of last 3 m	onths pay slip	
Last 6 months ba	ank statements						
Credit card applying for		Gold		Standard			
PERSONAL DETAILS- PF	RINCIPAL CARDHOLDER						
Surname: Mr/Mrs/Miss/Ms./[Or/Prof/Hon.						
First Name:				Middle Name:			
Date of Birth: Day	Month	Year		Nationality:			
*	ach a clear copy of this to ap			rvationality.			
Passport country of issue:	acit a cical copy of this to ap	plication		Expiry date:			
					rivo wodding data.		
Marital status:	ad Missala / Dissaraad / Casaarata	d AA/idawad		If married, please of	· · · · · · · · · · · · · · · · · · ·		
	ed/Single/Divorced/Separate	u/widowed		No. of dependants	sinci. Spouse:		
f not Kenyan, please give pe	ermanent nome address						
PERSONAL RESIDENTIA	L DETAILS						
Estate		Street			House No.		
Tel No.		P.O.Box		Postal Code	Town		
Mobile No.		Email:					
Residential Status:(Tick	where applicable)						
Company House	Own Hous	e	Furnished	d Tenant	Live with Parents	Rented	
Length of residence at curre	nt address	_	years				
If less than 1 year, previous r			,				
Estate	ooldontial address	Street		House	No	Town	
Length of residence at previ	nue addraec	Olicci		years	110.	TOWIT	
f you own a house: Market \				Current Mortgage	Outetanding Kehe		
Monthly Mortgage Repayme				Name of Lender	Outstairfuilig NSI Is.		
	1112 1/2112				-+ NI-		
Address				A 0 0 0 U I			
f vou ere poving monthly rer	t. Dont per Month Koho			Accour	nt INO.		
f you are paying monthly rer	it: Rent per Month Kshs.			Accour	It INO.		
				Accour	IT NO.		
EMPLOYMENT INFORMA	ATION						
EMPLOYMENT INFORMA (Tick where applicable)		Self Employed		Accour	Retired	Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name	ATION					Student	
EMPLOYMENT INFORMA (Tick where applicable)	ATION	Self Employed	ding			Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name	ATION				Retired	Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street	ATION Employed	Build	'n		Retired	Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box	ATION Employed	Build Town	'n		Retired Floor Tel No.	Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email:	ATION Employed	Build Town	'n		Retired Floor Tel No.	Student	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position	ATION Employed	Build Town Fax I	'n		Retired Floor Tel No. Telex No.		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s	Employed Postal Code	Build Town Fax I	'n		Retired Floor Tel No. Telex No.		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name	Employed Postal Code	Build Town Fax I	n No.		Retired Floor Tel No. Telex No. Length of service		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street	ATION Employed Postal Code tate previous employment de	Build Town Fax I	n No.		Retired Floor Tel No. Telex No. Length of service Floor		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box	Employed Postal Code	Build Town Fax I etails Build Town	n No. ding n		Retired Floor Tel No. Telex No. Length of service Floor Tel No.		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email:	ATION Employed Postal Code tate previous employment de	Build Town Fax I	n No. ding n		Retired Floor Tel No. Telex No. Length of service Floor		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business	ATION Employed Postal Code tate previous employment de	Build Town Fax I etails Build Town	n No. ding n		Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No.	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position	ATION Employed Postal Code tate previous employment de	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed	Retired Floor Tel No. Telex No. Length of service Floor Tel No.		
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months)	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position Current Annual Gross Salary	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months)	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position Current Annual Gross Salary	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position Current Annual Gross Salary	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I etails Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If employed, please attach a Current Annual Gross Salary Spouse's Income	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir Total Amount Per A	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.)	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s)	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I	n No. ding n No.	Unemployed three months) Other Sources of Ir Total Amount Per A	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.)	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account No. (b) PUBL Account No.	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I Sent Card and pay	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.)	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held:	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.)	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I Sent Card and pay	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service ncome Annum(Kshs.) Deposit	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No.	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I Sent Card and pay	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.)	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position Off employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank	ATION Employed Postal Code tate previous employment de Postal Code	Build Town Fax I Build Town Fax I Sent Card and pay	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for Branch	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.) Deposit Jeposit Jeposit	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position Off employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank Account No. (c) Bank Account No.	Employed Postal Code tate previous employment de Postal Code Postal Code	Build Town Fax I Build Town Fax I Current Curr	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service ncome Annum(Kshs.) Deposit	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business: Street P.O.Box Employer's name Physical address: Street P.O.Box Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank Account No. (c) Bank Account No. (c) Bank Account No. (c) Bank	Employed Postal Code tate previous employment de Postal Code Postal Code relear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations.	Build Town Fax I and pay Current Curre	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for Branch Held for Held for	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service ncome Annum(Kshs.) Deposit years years	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank Account No. (c) Bank Account No. (d) Bank Account No. (d) Bank Account No. (d) Bank Account No. (d) Publese attach your bank sta. Other Credit/Charge cards held: (d) Control of the count of th	Employed Postal Code tate previous employment de Postal Code Postal Code relear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations.	Build Town Fax I Build Town Fax I Current Curr	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for Branch	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service come Annum(Kshs.) Deposit Jeposit Jeposit	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank Account No. (c) Bank Account No. (d) Bank Account No.	Employed Postal Code tate previous employment de Postal Code Postal Code relear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations.	Build Town Fax I and pay Current Curre	n No. ding n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for Branch Held for Held for	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service ncome Annum(Kshs.) Deposit years years	years	
EMPLOYMENT INFORMA (Tick where applicable) Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position If less than 2 years, please s Employer's name Physical address: Street P.O.Box Email: Nature of Business Your Position (If employed, please attach a Current Annual Gross Salary Spouse's Income BANKING DETAILS PUBL Account (s) (a) PUBL Account No. Other bank accounts held: (a) Bank Account No. (b) Bank Account No. (c) Bank Account No. (d) Bank Account No. (d) Bank Account No. (d) Bank Account No. (d) Publese attach your bank sta. Other Credit/Charge cards held: (d) Control of the count of th	Employed Postal Code tate previous employment de Postal Code Postal Code relear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations as clear copy of your employment deservations are clear copy of your employment deservations.	Build Town Fax I and pay Current Curre	n No.	three months) Other Sources of Ir Total Amount Per A Savings Branch Branch Savings Branch Held for Branch Held for Held for	Retired Floor Tel No. Telex No. Length of service Floor Tel No. Telex No. Length of service ncome Annum(Kshs.) Deposit years years	years	

(b)				
ii)Account No.				
Member since	Card currently valid Ye	s/No		
Other loans and overdrafts held:				
(a) Name of Lender				
Outstanding Amount Monthly Repayments				
(b) Name of Lender				
Outstanding Amount				
Monthly Repayments				
Menany Nepaymona				
For security purposes please give a passwo	ord (Max. six(6) letters)			
Please indicate how you would like your nar		S)		
To which address should we mail your state	ements			
Private B	usiness			
SUPPLEMENTARY CARDHOLDER INF	FORMATION			
Please indicate below if you require a Supple	ementary Card to be issued to another p	erson (e.g. Your spouse or chil	d), for which you will be liable on yo	our personal cardholders' account.
Children should be over 18 years.				
Name of Supplementary Cardholder				
Surname: Mr/Mrs./Miss/Ms./Dr/Prof/Hon.				
First Name	Middle Name		Nationality	
Date of Birth: Day Month:	Year:	Relation		
I.D./Passport No. (Please attach a clear cop	by of this to application)			
Passport country of issue		T 1 N	Expiry date	
Employer's Name		Tel. No.		
Mobile No.	Email:	Tarre		
P.O Box	Postal Code	Town		
Signature of Supplementary Cardholder				
Signature of Principal Cardholder Date				
Please indicate below how you would like th	ne Sunnlementary Cardholder's name to	annear on the Card		
r lease indicate below now you would like ti	le dupplementary daranoider smarrie to	appear on the oard		
REFERENCES				
Companies from which you buy goods on	credit and/or personal references			
	P.O.Box	Dootal Code	Tours	
		Posial Gode	I C)W/I 1	
1. Name Tel No.		Postal Code	Mobile No.	
Tel No.	Type of Business P.O.Box	Postal Code Postal Code	Mobile No. Town	
	Type of Business		Mobile No.	
Tel No. 2. Name	Type of Business P.O.Box		Mobile No. Town	
Tel No. 2. Name	Type of Business P.O.Box Type of Business		Mobile No. Town	
Tel No. 2. Name Tel No.	Type of Business P.O.Box Type of Business CABLE)	Postal Code	Mobile No. Town Mobile No.	e company's rubber stamp/seal. In
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee c	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above in	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee c consideration of your issuing to the above n signing below.	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLICATION OF THE PROPERTY	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIA If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal	Type of Business P.O.Box Type of Business CABLE) harges on your Paramount MasterCard(s	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIA If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card Card Card Card Card Card Card	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will metals.	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(shamed person Paramount MasterCard Card Card person Paramount MasterCard Card Paramount Master Paramount Mas	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIA If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card Card Card Card Card Card Card	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will manage in the payment of the payment in the payment you will manage in th	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account:	Postal Code s), please obtain the signature	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will manage to the properties of the payment of the payme	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(shamed person Paramount MasterCard Card Card person Paramount MasterCard Card Paramount Master Paramount Master Paramount Paramount Master Paramount P	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above in signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will manage in the payment of the payment in the payment you will manage in th	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account:	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash	Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(shamed person Paramount MasterCard Card Card person Paramount MasterCard Card Paramount Master Paramount Master Paramount Paramount Master Paramount P	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the	
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharman person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Accoun	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said pe	erson(s) through use of the card by
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharman person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Accoun	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said pe	erson(s) through use of the card by
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section:	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharman person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Accoun	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in least the signature.	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said pe	erson(s) through use of the card by
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIX If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharman person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Accoun	Postal Code s), please obtain the signature ard(s), we hereby guarantee the	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said pe	erson(s) through use of the card by
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will me 20% Please state how you would like to make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No.	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharman person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Accoun	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in least to the signature ard from your bank account in least to the signature ard from your bank account in least to the signature ard from your bank account in least to the signature are signature.	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said pe	erson(s) through use of the card by
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will me 20% Please state how you would like to make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% pur payment: Cheque PUBL Account on your Paramount Card account recover	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and the signature ard signature ard signature.	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per	on the due date, please complete
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) tharges on Paramount MasterCard Card(s) That is a second to the paramount of the paramount of the paramount of the paramount of the paramount Card account recovers to me and my additional Card(s) as indicated to me and	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the signature ard signature ard signature ard signature ard signature ard signature ard signature are signature.	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per	on the due date, please complete
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will me 20% Please state how you would like to make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% our payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indisesary in connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card of authorize you to make any inquries necessions.	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% Pur payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indiseary in connection with this application. In the connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card of authorize you to make any inquries necessammended from time to time). I agree that I/	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% Pur payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indiseary in connection with this application. In the connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card of authorize you to make any inquries necessammended from time to time). I agree that I/	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% Pur payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indiseary in connection with this application. In the connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will many 20% Please state how you would like to make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card of authorize you to make any inquries necessammended from time to time). I agree that I/ Bank Limited reserves the right to decline the	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% Pur payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indiseary in connection with this application. In the connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as
Tel No. 2. Name Tel No. EMPLOYER'S GUARANTEE (IF APPLIC If your employer is prepared to guarantee of consideration of your issuing to the above of signing below. Authorised Signatory Name Position in Company Date Company Rubber Stamp/Seal PAYMENT METHOD Please tick the minimum payment you will make you cash AUTO CREDIT If you wish to have the minimum payment of the following section: Account No. DECLARATION Please issue a PUBL Standard/Gold Card of authorize you to make any inquries necessammended from time to time). I agree that I/Bank Limited reserves the right to decline the Name	Type of Business P.O.Box Type of Business P.O.Box Type of Business CABLE) tharges on your Paramount MasterCard(s) named person Paramount MasterCard Card nake each month on your card account: 100% Pur payment: Cheque PUBL Account on your Paramount Card account recover to me and my additional Card(s) as indiseary in connection with this application. In the connection with this application.	Postal Code s), please obtain the signature ard(s), we hereby guarantee the ard from your bank account in larger and above. I warrant that the larger and accept to be	Mobile No. Town Mobile No. of an authorised signatory over the e charges incurred by the said per example of the said per example of the said per example. Paramount Universal Bank Limited the information given in the application by the PUBL MasterCard	on the due date, please complete and Terms and Conditions of Use (as

TERMS AND CONDITIONS OF USE OF THE PARAMOUNT UNIVERSAL BANK LIMITED MASTERCARD CREDIT CARD

1 <u>DEFINITIONS</u>

1.1

2.1

In these Conditions

- "Card" means the Paramount MasterCard Credit Card issued to a Cardholder.
- 1.2 "The Bank" means Paramount Universal Bank Limited.
- 1.3 "Card Account" means an account maintained by the Bank in relation to your Card transactions.
- 1.4 "Cardholder" means any person to whom a Card is issued by the Bank.
- 1.5 "Principal Cardholder" means any person in whose name a Card Account is maintained.
- 1.6 "Supplementary Cardholder" means a person nominated under condition 7 of these Terms and Conditions of Use to whom the Bank shall have issued a Card on instruction of the Principal Cardholder.
- 1.7 "This Agreement" means the agreement between the Bank and the Principal Cardholder as may be varied from time to time at the discretion of the Bank.
- 1.8 "PIN" means any Personal Identification Number issued to a Cardholder.
- 1.9 "Card Transactions" means any payment made or cash advance obtained by the use of the Card, the Card number or in any manner authorized by a Cardholder for debit to the Card Account.
- 1.10 "Credit Limit" means the maximum debit balance permitted on the Card Account as determined by the Bank in its sole discretion and notified to the Principal Cardholder.
- 1.11 "ATM" means Automated Teller Machine.
- 1.12 "Due Date" means the date, 20 days after the date of each statement or such date as shall be determined by the Bank.

2 USE OF THE CARD

- The cardholder must sign the back of the Card immediately upon receipt. The Card is invalid until it is signed by the Cardholder named thereon.
- 2.2 The Card may only be used by the Cardholder subject to the terms of this Agreement to purchase goods and/or services by signing a sales voucher at any establishment accepting the Paramount MasterCard Credit Card.
- 2.3 The Principal Cardholder and Supplementary Cardholder(s) shall immediately be liable jointly and severally for all charges incurred by use of the card.
- 2.4 The card is not transferable and is valid for use only by the person whose name is embossed on the Card during the validity period embossed thereon.
- 2.5 The Card may only be used within the Credit Limit approved by the Bank. In deciding whether his/her limit has been exceeded, the Bank may take into consideration the total amount of Card transactions not yet debited and any authorizations given by the Bank in respect of prospective Card Transactions.
- 2.6 The use of the Card is subject to the right of the Bank in its absolute discretion and without prior notice, at any time to withdraw the right to use the card for, or to refuse any request for authorization of, any particular Card Transaction and to publish such withdrawal or refusal in such a manner as the bank may determine.
- 2.7 The card may be used to obtain cash advances from the Bank or any ATM displaying a MasterCard logo within a cash advance limit as shall be determined by the bank and notified to the Principal Cardholder from time to time which shall form part of the credit limit.
- 2.8 All Card transactions which take place in a currency other than Kenya Shillings shall be converted to Kenya Shillings. Such conversions will be done at such exchange rate as may be determined by the bank from time to time at its sole discretion.

3 THE CARD ACCOUNT

- 3.1 The bank will debit the Card Account with the amounts of all Card Transactions and charges and any other liabilities of the Cardholder or losses incurred by the bank arising from the use of the Card. The Principal Cardholder will pay to the Bank all amounts debited whether or not a sale or cash advance voucher is signed by the Cardholder.
- 3.2 The Bank will prepare and send monthly statements showing all debits and credits in respect of the Card account to the Principal Cardholder, who will exercise an option and pay a minimum amount equivalent to 20% of the total amount due or Kshs.2,500.00 for Standard Cards and Kshs.3,500.00 for Gold Cards, whichever is higher, (hereinafter "the minimum amount due"), and/or the full amount on the said statement. The Principal Cardholder may at his/her option revolve the balance thereon equivalent to 80% or any other lesser amount. Any enquiries relating to such statements of account must be directed to the Bank immediately upon receipt thereof. If no such enquiries are made within 30 days from the date of the statements of accounts, it shall be deemed to be the accurate and conclusive record of account.
- 3.3 All amounts charged to the Cardholder's account are immediately payable in full to the Bank by the Principal Cardholder in the case of,
 - 3.3.1 Commission of an act of bankruptcy by the Cardholder;
 - 3.3.2 In the event of death of the Supplementary Cardholder;
- 3.4 The amount of any excess over the Credit Limit, any arrears and any Card Transactions made in breach of this Agreement will be immediately payable in full whether or not demanded by the Bank.
- 3.5 Payment on any account will take effect when received by the Bank and credited to the Principal Cardholder's account. If the payment is made by cheque it will take effect when cleared by the respective banks.
- 3.6 A handling fee will be charged if a cheque or other remittance is not honoured upon presentation. Non-receipt of the statements by the Principal Cardholder does not discharge obligations to pay all the amounts due on the Card Account.
- 3.7 If the Bank accepts late or partial payment from the Cardholder, this does not affect any of the Bank's rights under this agreement or at law, even if the payment is described as being in full or partial settlement of any sum due.
- 3.8 The Principal Cardholder shall not be entitled to interest on any credit balance there may be on the account.

4 <u>CHARGES</u>

- 4.1 Revolved credit up to a maximum of 80% will attract interest at the rate of 5% per month on average daily balance on the account during the billing cycle.
- 4.2 A late payment fee of 10% will be charged on the minimum amount due after the due date.
- 4.3 In any event, the Bank reserves the right to revise the interest rates at any time without prior notice. Interest will continue to accrue from the due date until payment in full.
- 4.4 An excess Limit charge of 10% will be levied on any amount exceeding Kshs.500 over the limit for Standard and any amount exceeding Kshs.1,000 over the limit for Gold Cards
- 4.5 A fee of 10% of the amount of any cash advance with a minimum of Kshs.500.00 shall be debited on the Card Account.
- 4.6 A replacement Fee of Kshs.500.00 per card will be debited on the Card Account for the replacement of any Card lost.
- 4.7 A Re-issue fee of Kshs.500.00 per card will be debited on the Card Account for the replacement of any Card damaged, broken or cracked.
- 4.8 A non-refundable one-off joining fee and annual/subscription fee shall be paid upon application for establishment of a Card Account. Thereafter, a subscription fee will be debited annually to the Card account in respect of each Card. The amount of such subscription and joining fee shall be levied at the discretion of the Bank.

Fees	Gold	Standard
Joining	-	-
Annual	5,000.00	3,000.00
Supplementary Card	3,000.00	2,000.00

The charges payable in respect of the use of the Card will be determined by the Bank and may be revised from time to time and the Bank will inform the Cardholder of such revision.

5 WITHDRAWAL OF USE OF THE CARD

- 5.1 The bank may at any time without notice and without giving reasons thereto suspend, cancel or otherwise withdraw entirely or in respect of specific facilities, the Cardholder's right to use the card or refuse to re-issue, renew or replace any Card. Such withdrawal shall not affect the liability of the cardholder for all the charges and interest debited on the Card Account in any way until the same is settled in full.
- 5.2 The card remains the property of the Bank at all times and must be returned immediately upon cancellation, suspension or withdrawal.

6 SAFEGUARDING THE CARD AND THE PIN

- 6.1 The Cardholder will exercise all care necessary to ensure the safety of the Card and the secrecy of the PIN at all times. A Cardholder should NEVER write the PIN on the Card or anything usually kept with it. The Cardholder should exercise prudence in disguising any written record of the PIN.
- 6.2 A Cardholder shall not allow any other person to use the Card with or without the knowledge of the PIN.
- 6.3 If the Card is lost, stolen or is for any other reason liable to misuse, or the PIN has been disclosed to anyone, the Cardholder must notify the Bank's Card Centre directly by telephone and such notification must be confirmed in writing immediately either by fax, e-mail or by post. Until the bank receives such written confirmation, the Principal Cardholder will be liable in respect of any misuse of the Card.
- 6.4 The Cardholder will give the Bank all the information in the Cardholder's possession as to the circumstances of the loss, theft or misuse of the Card or disclosure of the PIN and take all steps deemed necessary by the Bank to assist in the recovery of the missing Card. If a card is reported as stolen, lost or liable for misuse, that card must not subsequently be used but must be cut in half and returned to the Bank's Card Centre.

7 <u>SUPPLEMENTARY CARD</u>

Upon written request of a Principal Cardholder, the Bank may issue an additional card to any person nominated as a "Supplementary Cardholder"- these Terms and Conditions of Use shall apply to the use of the Supplementary Card and the Principal Cardholder shall be bound by and be liable for its use in the same manner as if he/she had used it personally. In addition, the Bank shall cancel any Supplementary Card at any time at the written request of the Principal Cardholder and return of such Card to the Bank. It shall remain the responsibility of the Principal Cardholder to return the Card.

8 TERMINATION

- 8.1 The Principal Cardholder may terminate this agreement by giving a Thirty (30) days written notice to the Bank and such notice will take effect only when accompanied by the return of all the Cards issued for use on the Card Account and the payment of all liabilities of the Principal Cardholder under this Agreement.
- 8.2 The Bank may terminate this Agreement at any time without notice or reason and upon such termination, the Principal Cardholder must return to the Bank all Cards issued for use on the account. Such termination shall not affect the liability of the Principal Cardholder for payment of the Card Account.
- 8.3 In the event that there shall be an amount outstanding at the time of termination by either party as above, the interest payable shall continue to accrue and debited on the amount outstanding on the account until the same is settled in full.
- Unless the agreement is terminated or unless instructed otherwise by the Cardholder, the Bank will automatically issue a renewal for each Card. The Bank is not bound to issue any card.

9 <u>VARIATION OF THIS AGREEMENT</u>

The Bank may vary this agreement at any time or times without prior notice and notification of any such variation shall be given to the Principal Cardholder either in writing or publication thereof by such means as the Bank may select. A variation so notified shall be deemed binding on the Cardholder.

10 RIGHT OF SET OFF

- 10.1 The bank may, without notice, set off against any account or indebtedness of the customer:
 - 10.1.1 Any other account whether current, loan, savings or any other type.
 - 10.1.2 Any time or other deposit.
 - 10.1.3 The bank may, upon notice to the customer, set off his /her account against any other account or indebtedness in respect of which the customer is liable , not withstanding that some other person may also be liable in respect thereof.

11 GENERAL

- 11.1 The bank shall not be liable if it is unable to perform its obligations under this Agreement due (directly or indirectly), to the failure of any machine, data processing system or transmission link or to any industrial dispute or anything outside the direct control of the Bank.
- 11.2 The Bank shall not be liable, responsible or accountable in any way whatsoever for any loss, injury or damage however arising from the use of any ATM and (subject to the joint and several liability of all the Cardholders under clause 7). The Principal Cardholder agrees to indemnify the Bank against all losses, costs, charges and expenses that the Bank may suffer or incur directly or indirectly arising from the use by any Cardholder of an ATM or any breach of this agreement by any Cardholder.
- 11.3 The Bank may demand at its discretion any amounts due on the Card Account if there is any breach of the Agreement herein by the Principal Cardholder.
- 11.4 The Principal Cardholder and any Supplementary Cardholder shall indemnify the Bank against all costs, charges and expenses inclusive of any legal costs and disbursements incurred by the Bank in obtaining or attempting to obtain payment of any monies due and owing on any Card Account to the intent that the Bank shall suffer no loss by reason of it affording or continuing to afford the facilities offered by the use of the Card.
- 11.5 The Bank Card Centre must be notified in writing of any change in the Cardholder's address. Any notice or correspondence sent by the Bank or its advocates to the Cardholder at the address last notified to the Bank by the cardholder shall be deemed duly served.
- 11.6 The bank may assign its rights and benefits under this Agreement at any time.
- 11.7 The Bank will not be liable for the refusal of any establishment worldwide to accept or honour the Card. The Bank will also not be liable for the quality, effectiveness or merchantability of any goods supplied or services rendered by an establishment.
- 11.8 No claim by the Cardholder against and establishment will be the subject of a set-off or counterclaim against the Bank.
- 11.9 Any facilities or benefits made available to Cardholders as such and not forming part of this Agreement may be withdrawn at any time without notice.
- 11.10 This Agreement and all matters arising out of the issue or use of the Card are subject to the laws of the Republic of Kenya.
- 11.11 The Card must not be used by the cardholder in contravention of any Rule of Law in force, nor as an aid to such contravention or circumvention of the law.
- 11.12 The Bank reserves the right at all times to vary these Terms and Conditions of Use without prior notice.

Plea	Please sign below to indicate your understanding and acceptance of the above Terms and Conditions of Use.		
Nan	ne:	Applicant's Signature:	Date: