

# **I&M BANK BUSINESS CREDIT CARD APPLICATION FORM**

Please complete all relevant sections in BLOCK letters

I wish to apply for	I&M Bank Mastercard Business Credit Card
	I&M Bank World Mastercard Business Credit Card

## A. COMPANY DETAILS

SECTION 1:		
Name of Organisation		
Postal Address		
Telephone No.	Email	
Physical Address		
Account Number		

Contact Person Information	Name	
	Tel	Email
Nature of Business	Societ	national Sole Proprietorship Partnership ty/Association/Club/Trust Limited Company rs (specify)
Type of Company		
Name of Parent Company (if any)		

## **B. I&M BANK CREDIT CARDS**

Please establish Credit Card accounts for the following employees:

Name	Position in the Company	Telephone No.	Email Address	KRA PIN	Type of Credit Card	Limit (Ksh)	Cardholder Signature*

\* By signing herewith, the cardholder applicant signifies his understanding of and agreement to the Terms and Conditions of use of I&M Bank Business Credit Cards available at www.imbankgroup.com/ke/terms-and-conditions/

Name	POS Transactions (Tick if allowed)	Daily POS Transaction limit	Ecommerce / Online Transactions (Tick if allowed)	Daily Ecommerce / Online Transaction Limit	Cash Withdrawal (Tick if allowed)	Daily Cash Withdrawal Limits



### C. AUTO-DEBIT INSTRUCTIONS & DECLARATION (optional, to be filled by I&M Bank account holders):

We hereby authorise you to debit our account no: with I&M Bank for payment of the outstanding bill amounts for all of the above card accounts on the respective due dates without requiring you to give us notice prior to debiting the account.

We request that card(s) be issued for the individual cardholder applicant(s) named above. We agree to be bound by the Terms & Conditions of use of I&M Bank Corporate Credit Cards and the Bank's General Terms and Conditions. We agree to be liable jointly and severally with the cardholder applicant(s) for all charges incurred on the card(s) issued at our request herewith, up to the limits mentioned above, and hereby give our unconditional and irrevocable guarantee for the payment of all charges on the cards issued.

We warrant that the information given above is correct and authorise I&M Bank to contact our bankers or any other party to obtain information required and allow them to divulge such information pertaining to the use of the card(s) to any credit agencies requiring such information.

We understand that I&M Bank has the right to decline this application without giving any reason or entering correspondence.

#### Signed for and on behalf of:

Name of Authorised Signatory*	Position	Date	Signature	

\*(i) Two (2) authorised signatories (Director or the Secretary of the company) or;

(ii) One Director and the execution witnessed or;

(iii) By Power of Attorney with specific or general authority of the company.

## **PRIVACY NOTICE**

I hereby acknowledge that I have read, understood and do consent to the Terms and Conditions of the I&M Bank Limited Privacy Notice available at www.imbankgroup.com/ke/information-security/privacy-notice and I hereby also explicitly authorise I&M Bank Limited and/or its affiliates to use my/our data as stipulated in the I&M Bank Limited Privacy Notice.

## D. PLEASE ATTACH THE FOLLOWING DOCUMENTS

- 1. Board Resolution authorising issuance of the cards to the persons mentioned herein and undertaking of liability thereon for the specific employees.
- 2. Recent coloured passport size photographs of card applicants.
- 3. Copy of National ID/Passport of card applicants.

\*Depending on your existing relationship with the Bank, more supportive information/documents may be requested.

## FOR BANK USE ONLY

Application Details Confirmed By	Name	Signature	Date	
Manager's Recommendation	Name	Signature	Date	

#### **Sales Staff Details**

Staff Name	
Staff ID	
Sales Code	
Branch Name	