



## I&M BANK PERSONAL CREDIT CARD APPLICATION FORM

Please complete all relevant sections in BLOCK letters

I wish to apply for:  Visa Classic  Visa Infinite  Mastercard World

Account number																					(optional, to be filled by I&M Bank account holders)
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### 1. PERSONAL DETAILS

Full name	First		Second		Last	
Preferred name on card	(Should be related to full name; part of the name may be abbreviated)					
ID/Passport No.		Nationality		KRA PIN		
P.O. Box		Postal code		City/Town		
Physical address	Estate			Road		
Occupation		Marital status		No. of dependants		
Education level attained (Post Graduate/Graduate/Diploma/High School)						
Current residence (Self-owned/Rented/Family owned/Company leased/Mortgage)						
Email (for card statements)			Mobile No. (for SMS alerts)			

### NEXT OF KIN DETAILS

Full name		Relationship	
Email address		Mobile No.	

### 2. CARD DETAILS

Amount applied for in figures	
Amount applied for in words	
Where would you like the card delivered?	<input type="checkbox"/> Delivery by courier <input type="checkbox"/> Branch <input type="text"/> (Branch name)
Do you wish to apply for a supplementary credit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. EMPLOYMENT/INCOME DETAILS

<b>(a) For salaried individuals only</b>			
Name of employer		Company email address	
Terms of employment (permanent/contract)		If contract state expiry date	
Employed from		to	
		Position held	
Net income per month (Ksh)			
<b>(b) For self-employed individuals only</b>			
Name of business	Nature of business(es)	Physical address	
Annual turnover (Ksh)			

### 4. FINANCIAL DETAILS

Please provide details of loans/advances and other accounts held with other banks				
	Bank	Branch	Other account number (s)	Loan/Advance account number(s)
1.				
2.				
3.				

**5. REFEREES** (should be different from next of kin)

1.	Name		Relationship	
	Email address		Mobile No.	
2.	Name		Relationship	
	Email address		Mobile No.	

Employer's guarantee available?  Yes  No

**6. SUPPLEMENTARY CARD**

Please note that all supplementary cards will have to be operated within the overall credit limit enjoyed by the principal cardholder and the principal cardholder will be liable for any usage of the card by the authorised user. The details under this section pertain to the supplementary cardholder who must sign as indicated under declaration section. The supplementary cardholder must be 18 years or older.

1.	Name		Mobile No.	
	Date of birth		ID/Passport No.	
	Nationality		Relationship to principal cardholder	
	Requested card amount		KRA PIN	
2.	Name		Mobile No.	
	Date of birth		ID/Passport No.	
	Nationality		Relationship to principal cardholder	
	Requested card amount		KRA PIN	

**7. AUTO-DEBIT INSTRUCTIONS** (\*Mandatory to be filled by I&M Bank account holders)

I hereby authorise you to debit my Account No. \_\_\_\_\_ with I&M Bank for payment of \_\_\_\_\_ % of the billed amount on the respective due dates without requiring you to give me notice prior to debiting the account (applicable card minimum % applies).

**8. DECLARATION**

**TERMS & CONDITIONS**

I confirm that all the above details are correct and that I have read, understood and agree to be bound by I&M Bank *General Terms and Conditions*, and *Credit Card Application General Terms and Conditions* as amended from time to time and available at <https://www.imbankgroup.com/ke/terms-and-conditions/>. I also agree to indemnify and hold I&M Bank Limited harmless from and against all claims arising from any information that I have provided herein.

**PRIVACY NOTICE**

I hereby acknowledge that I have read and understood how the information that I have provided in this form will be used by the Bank as outlined in the Privacy Notice available at <https://www.imbankgroup.com/ke/information-security/privacy-notice/> and I consent to usage of this data as stipulated therein.

Tick both to confirm acceptance

Terms & conditions	Privacy notice				
<input type="checkbox"/>	<input type="checkbox"/>	Principal card applicant	Signature		Date
<input type="checkbox"/>	<input type="checkbox"/>	Supplementary card applicant 1	Signature		Date
<input type="checkbox"/>	<input type="checkbox"/>	Supplementary card applicant 2	Signature		Date

**PLEASE ATTACH THE FOLLOWING DOCUMENTS**

Salaried	Self Employed	Supplementary Cardholder
1. Certified copy of latest pay slip 2. Copy of valid work permit (If non Kenyan) 3. Six months certified bank statements for other bank accounts held. 4. Employer's guarantee *(If available) 5. Recent colour passport size photograph* 6. A copy of ID/Passport* 7. Loan statement where applicable 8. Letter of Employment 9. Copy of PIN / Tax Compliance Certificate	1. Copy of registration certificate of business 2. Copy of current operating licence 3. Six months certified bank statements for other bank accounts held 4. Recent colour passport size photograph* 5. A Copy of ID/Passport* 6. Loan statement where applicable 7. Copy of PIN / Tax Compliance Certificate	1. One colour passport size photograph 2. Copy of ID/ passport 3. Copy of PIN / Tax Compliance Certificate
* Letter of guarantee from employer in format provided by the Bank ** To be provided by those who do not have an account with the Bank		