



## I&M BANK SUPPLEMENTARY CREDIT CARD APPLICATION FORM

*Please complete this form, print and drop at your nearest I&M Bank Branch*

**APPROVALS WILL BE BASED ON THE ELIGIBILITY CRITERIA OF THE BANK.**

Name of the Principal Credit Card holder: Dr/Mr/ Mrs /Ms. \_\_\_\_\_

Credit Card # : \_\_\_\_\_

### PERSONAL DETAILS

Name of the Supplementary Card holder

Mrs / Mr. / Ms. \_\_\_\_\_

Date of Birth \_\_\_\_\_ ( MM/DD/YY )

Relationship with the Principal Cardholder:  Spouse  Child  Sister  Brother

Sex:  F  M

Marital status:  Single  Married  Divorced  Widow

National ID Number / Passport No. \_\_\_\_\_

Nationality \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Numbers \_\_\_\_\_ / Landline Numbers \_\_\_\_\_

I hereby apply for the issue of a Supplementary I&M Bank Credit Card (s) available for my parent, spouse, brother, sister or child (Over 18 years of age), and declare that the information included in this application is true and correct, I understand that the Supplementary I&M Bank Credit Card (s) would be processed subject to my primary Card being open, and satisfactory credit performance on my existing Card (s). I accept that I&M Bank is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. I have read, understood and agree to the Terms and Conditions of Use of I&M Bank International Visa Credit Card as amended from time to time, particularly with respect to my obligations as Principal Cardholder with respect to the Supplementary Cardholder(s). It will be my primary responsibility to honor all charges incurred on the Supplementary Card(s). I agree to be separately billed for the Supplementary Card(s) in my normal statement.

\_\_\_\_\_  
**Signature of the Principal Cardholder**

\_\_\_\_\_  
**Date**

I have read, understood and agree to the Terms and Conditions of Use of I&M Bank International Visa Credit Card as amended from time to time, particularly with respect to my obligations as Supplementary Cardholder with respect to the Principal Cardholder. I agree to be jointly and severally responsible for all expenses incurred on my Supplementary Card account.

\_\_\_\_\_  
**Signature of Supplementary Cardholder**

\_\_\_\_\_  
**Date**

### FOR CARD CENTER USE ONLY

Approved  Declined

Limit for Supplementary Card (Ksh)	
Signature of the officer /Manager	
Date	