

REFERENCES

Please give two companies references from which you buy goods on credit specifying the contact person in those companies:

1. Company _____

Postal Address _____ Postal Code _____ Town _____

Tel No _____ Fax No _____

2. Company _____

Postal Address _____ Postal Code _____ Town _____

Tel No _____ Fax No _____

ISSUE I&M BANK VISA CREDIT CARDS TO:

GOLD CARD:

Name	Position	Date of birth	Personal telephone no.	ID/Passport no	Limit Ksh*	Signature **

* Minimum Ksh 300,000/- for Gold Card

** By signing herewith, the cardholder applicant signifies his understanding of and agreement to the Terms and Conditions of Use of I&M Bank International Visa Credit Card

CLASSIC CARD:

Name	Position	Date of birth	Personal telephone no.	ID/Passport no	Limit Ksh*	Signature **

*Minimum Ksh 50,000/- and Maximum Ksh 300,000/- for Classic Card

** By signing herewith, the cardholder applicant signifies his understanding of and agreement to the Terms and Conditions of Use of I&M Bank International Visa Credit Card

AUTO-DEBIT INSTRUCTIONS:

We hereby authorise you to debit our account no: _____
with I&M Bank for payment of the outstandings of the billed amounts for all of the above card accounts on the respective Due Dates.

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 the I&M Bank International Visa Credit Card. 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, upto 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	Designation	Date	Signature
Please affix Company Seal/Stamp here:			

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. Certified copies of six months bank statements of all company bank accounts
2. Certified copies of the company Audited Accounts for the last 2 years
3. Certified copies of Memorandum & Articles of Association of the company
4. Copy of Certificate of Incorporation
5. Copies of returns filed with the Registrar Office – annual returns and a receipt from the Registrar of Companies
6. Board Resolution authorising the issue of the cards to the persons mentioned herein and undertaking of liability thereon for the specific employees
7. Recent coloured passport size photographs of card applicants
8. PIN Certificate
9. Copy of IDs of card applicants