



GulfAfricanBank

Excellence. Trust. Together.

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INDIVIDUAL CREDIT CARD APPLICATION FORM



CREDIT CARD APPLICATION FORM

1. SUPPORTING DOCUMENTATION

Kindly provide the following documents;

- Copy of the National ID or Valid Passport
- 1 (one) passport photo
- Copy of KRA PIN
- Copies of salary slips – for the last 3 months
- Certified 6 month bank statement

NOTE: A Credit Card may not be issued to persons under 21 years of age without requisite consent of a parent or legal guardian. Additional documentation may be requested to support the application.

2. PERSONAL DETAILS

Title: Mr. Mrs. Ms. Dr. Prof. Other.

Postal Address : Postal Code:

First Name: Town: Estate/ Area:

Middle Name: Street: House Number:

Surname: Length of stay at current address:

How would you like the name to appear on the card (Maximum 20 Characters)

Residential Status: Owned: Rented:

Housed by Employer: Mortgage:

Email Address:

Nationality: ID/PP Number:

Mobile number:

Date of Birth:

Marital Status: Married: Single: Other:

PIN number:

Number of dependents:

3. EMPLOYMENT DETAILS

Employed: Self-Employed: Retired:

Job Title:

Employer's Name: Length of Service:

Physical Office Address (Floor/Building/street/road):

Town: Terms of Service: Permanent: Contract:

Street: If contract, indicate expiry date:

Building:

Office Phone Number:

Office Email Address:

Current Monthly Net Pay: 0 – 50,000 51,000 – 100,000 101,000 – 300,000 Above 300,000

Other monthly income:

Source:

Requested Card Limit:

4. FACILITIES

Financial Institution	Borrowed Amount (KES)	Monthly Repayment (KES)
1.		
2.		
3.		
Credit Card Issuer	Card Limit (KES)	Card Held Since (Year)
1.		
2.		



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5. NEXT OF KIN DETAILS

Name: Relation:
Phone number: PhysicalAddress:

6. STATEMENT MODE

Please indicate e-mail address to which your statement will be sent:

7. CARD COLLECTION POINT / BRANCH

Please indicate your preferred Branch for card collection:

8. PAYMENT DETAILS

This facility allows for automatic debiting of your GAB Current or Savings account for settlement of your monthly dues on the 4th of every month

Please indicate the percentage of the outstanding amount to be debited monthly. (Minimum is 10%)

10% 30% 50% 75% 100%

Account Name: Account Number:

Domiciled Branch:

I/We instruct you to pass auto-debit payments from my/our account in favour of the GAB Credit Card. The amounts are variable and will be debited on the due date.

Signature: Date:

Signature: Date:

9. APPLICATION FOR SUPPLEMENTARY CARD

I, the principal cardholder (Full Names) do hereby authorize Gulf African Bank to issue a supplementary card to:

Full Names: Date of Birth:

ID/PP Number: Mobile: Email:

Supplementary Card Limit: (KES)

Signature of Supplementary Cardholder: Date:



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10. CUSTOMER DECLARATION

Please issue a card to me and the additional card holder indicated above. I warrant that the information given is true and complete and I authorize you to make any inquiries necessary in connection with this application. I have read, understood and accept the Terms and Conditions herein. I agree to be bound by the credit card terms of use (as set out herein and amended from time to time). I understand that credit card limit assigned to me will be issued at the Bank's discretion and will be subject to appraisal of my application, I also agree that based on this, the assigned limit may be lower than the requested limit. I and any authorized user(s) agree that I/We are jointly and severally liable for all charges incurred through the use of each card.

Signature of Principal Cardholder: [] Date: []

FOR OFFICIAL USE ONLY:

BRANCH

Sourced by: [] Sales Code: []

Input by: [] Sign: [] Date: []

Approved Declined

If declined, reason for decline: _____

Authorized by: [] Sign: [] Date: []

CREDIT DEPARTMENT

Approved/ Checked by: []

Sign: [] Date: []

Approved Declined

Authorized by: []

If declined, reason for decline: _____

Approved by: [] Sign: [] Date: []

Limit Approved: []