

# APPLICATION FOR A CORPORATE / BUSINESS CREDIT CARD

Please complete the form in CAPITAL LETTERS. Please attach a photocopy of each applicant's passport or proof of identity TO: NATIONAL BANK OF MALAWI

Company Details	Company Directors	;				
Company Name	Director 1					
	First Name					
Company Name To Appear on the Card	Surname					
Company Name To Appear on the Card	Date of Birth					
Notice of Decision	Nationality					
Nature of Business	Address Line 1					
	Address Line 2					
Physical Address	Address Line 3					
	City					
	Country					
Postal Address	Director 2					
	First Name					
	Surname					
Telephone Number	Date of Birth					
	Nationality					
	Address Line 1					
Date Company Formed (DD/MM/YYYY)	Address Line 2					
	Address Line 3					
Total Number of Employees	City					
	Country					
Company Registration Number	Director 3					
	First Name					
	Surname					
Company Bank Details	Date of Birth					
Bank Name	Nationality					
	Address Line 1					
	Address Line 2					
Address	Address Line 3					
	City					
	Country Director 4					
Telephone Number	First Name					
	Surname					
Bank Account Number	Date of Birth					
	Nationality					
Repayment Rate	Address Line 1					
Business 75% 50%	Address Line 2					
Corporate         75%         50%	Address Line 3					
Colporate 75% 50%	City		-	-		
Driveland Applicant	Country					
Principal Card Applicant						
Title (Please Tick)						
Mr Mrs Dr Prof Other :	Company Authoriza	ation				
First Name	This application must		aned by	a direct	or partner	, or senior
	person authorised to s	sign on behalf	of the c	ompany	Ji, partitei	or senior
Surname	Signatory 1	ign en senan	0	Jinpuny		
	Title(Please tick) N	1r Mrs	Dr	Prof	Other :	
Position Held in Company:	Full Name			1101	Other .	
Email:	Position Held					
Date of Birth(DD/MM/YYYY)	Position Heid					
Nationality	Authorized Signature:					
	Authorised Signature:					
Address	Signatory 2	1				
	Title(Please tick)	Mr Mrs	s Dr	r	Prof Oth	ner:
	Full Name				.0. 00	
Limit Requested MK						
Name As You Wish To Appear on the Card	Position Held					
Signature:	Authorized Signature					
, č	Authorised Signature:					
Dete						
Date:						

### Terms and Conditions

I hereby agree that if this application is successful, the following conditions will apply:

#### I. Losses

The cardholder shall be liable for all amounts arising from and/or losses incurred by the Bank in connection with the use of the card.

II. Exchange Control Regulations

The Visa Classic, Gold, Platinum and Corporate credit cards may also be used abroad and the cardholders must comply with all laws and regulations in respect of the card (or any additional card) in the country of purchase and/or use.

III. Charges

The Bank is hereby authorised to debit the cardholder's account or make any other legal arrangements to ensure the repayment of card fees and other charges in line with its tariff.

IV. Loss of card

If the card is lost or stolen, the cardholder shall immediately phone the NBM Call Centre and report to the Police. This will be followed by a written notification addressed to any nearest Service Centre.

- Reservations
- The Bank reserves the right to withdraw the card at any time without notice.

VI. For other terms and conditions, please see brochure.

#### Declaration

I acknowledge and agree that:

- a) The card is issued by and remains the property of National Bank of Malawi
- b) The card shall be used for the period specified thereon.
- c) In the event of loss or theft of the card or disclosure of the PIN, I shall immediately notify the Bank. Verbal notice will be confirmed in writing immediately.
- d) I am responsible for all payments made arising from any unauthorized transaction concluded before the Bank is reasonably able to action the notice of loss or theft of the card.

The card is not transferable and may not be used by any person other than the cardholder

.....

#### I/We, .....

### DECLARE AS FOLLOWS:

- That according to my/our knowledge all information contained in this 1. application is true and correct, and I/We declare myself bound to all obligations, undertakings and information it contains or which may result from the banker-client relationship established by this document;
- 2 Should the loan facilities or other bank facility be granted to me/us, I/We declare and acknowledge that the following terms will apply to such facilities:
  - The granting of the facilities shall be at the sole discretion of the Bank; b. Any facility granted to me/us by the bank may be cancelled at the mere notice by the bank and any amount(s) then outstanding will be immediately due and payable, or become due and payable at the time indicated in such notice;
  - c. I/We acknowledge that interest and applicable fees will be payable on any amounts taken up under the facilities. The rate of interest is to be determined by the bank at its sole discretion and to be calculated on the daily balance outstanding under the facility. Interest will be debited against the account on a date as the bank may deem fit;
  - Unless otherwise agreed to in writing, the bank shall be entitled to d. debit my/our account with normal service charges/bank charges as determined from time to time by the bank at its own discretion;
  - The bank shall be entitled to vary the rate of interest rate from time to e. time without notice or reference to me/us. Differentiated rates of interest may be applied by the bank to any transgression of the facilities;
  - A fee will be payable on any part of the facility not taken up, such fee f. or the rate thereof to be determined and/or varied from time to time, at the bank's sole discretion;
  - Notwithstanding non-enforcement of these terms or any concession g. under this agreement, the Bank will not be deemed to have waived its rights hereunder;
  - A certificate signed by the any manager or other competent official of h. the bank (whose authority need not to be proved) shall be prima facie evidence of the amount of my indebtedness to the Bank at the date stipulated in such certificate, as well as of the rate of interest then applicable in respect of the facilities, to such an extent that the Bank may obtain Provisional Sentence or Summary judgment thereon.
- 3. I/We hereby consent to jurisdiction of the Courts in respect of any claim or action arising Hereunder, irrespective of the fact that the amount claimed may be in excess of such jurisdiction, and elect the respective address (es) above as domicilium citandi et executandi for all purposes arising from this agreement.
- 4. I/We consent to payment of collection commission and legal fees on the attorney and client Scale, as well as search fees in respect of this document.
- 5 I/We consent that the Bank may make such enquiries including references to my/our past and employers and financial dealings with other financial institutions and creditors, as it considers necessary.

NOTE: THE BANK RESERVES THE RIGHT TO REFUSE /DECLINE ANY APPLICATION FOR A CREDIT CARD LIMIT WITHOUT GIVING REASONS.

Authorised Signature 1

Authorised Signature 2

#### Second Card Applicant

Mrs

Dr

Prof

Other :

Title (Please Tick) Mr

First Name

Surname

Position Held in Company:

Date of Birth(DD/MM/YYYY)

Nationality

Email:

Address

Limit Requested MK Name As You Wish To Appear on the Card

Signature:

Date:

## Third Card Applicant Title (Please Tick) Mr Mrs Dr Prof Other: First Name Surname Position Held in Company Email: Date of Birth(DD/MM/YYYY) Nationality Address MK Limit Requested Name As You Wish To Appear on the Card

Signature:

Date:

Fourth Card Applicant						
Title (Please Tick)						
Mr	Mrs	Dr	Prof	Other :		
First Name						
Surname						
Position He	ld in Com	bany				
Email:						
Date of Birt	h(DD/MM/	YYYY)				
Nationality						
Address						
Limit Requ			MK			
Name As You Wish To Appear on the Card						
Signature:						
Date:						

Please complete another form and attach it to this application if there are more than four card applicants

# For Bank Use Only

## Credit Appraisal Report

Bank Authorised Signatures

Date:

A recommendation is hereby made for the issuance o	f Natior	al bank of				
Malawi credit card to:						
Company Name						
Company Registration Number						
Has the company existed for more than 5 years?	Yes	No				
Is the company/firm known to have been	Yes	No				
successfully in business for a minimum of 3 years						
	Yes	No				
ls						
who signed on behalf of the company authorised to						
commit the company by his/her signature.						
Does the company meet its obligations promptly?	Yes	No				
Do you recommend the company for a credit limit of	Yes	No				
?						
Can you confirm the company address quoted	Yes	No				
above?						
Comments						

Country Code	4	5	 4
BIN Code			
Customer / Client ID	(From T24)		
		24	
Billing Account Num	ber (From 12	24)	
Shadow Account Nu	mber(From	PowerCard)	
Card Number			
Effective Date			
Expiry Date			
Captured By			
Name			
Signature:			
Date			
Date			
Checker			
<b>Checker</b> Name			 
<b>Checker</b> Name			 
<b>Checker</b> Name			 
<b>Checker</b> Name			
<b>Checker</b> Name			
<b>Checker</b> Name			
Checker Name Signature			 
<b>Checker</b> Name			
Checker Name Signature Date			 
Checker Name Signature Date Manager			 
Checker Name Signature Date Manager Name			 
Checker Name Signature Date Manager			
Checker Name Signature Date Manager Name			
Checker Name Signature Date Manager Name			
Checker Name Signature Date Manager Name			
<b>Manager</b> Name			

Assessed Deletionskin Mensuer
Account Relationship Manager Name:
Signature:
Date:
Ora dis Management Division
Credit Management Division
Name:
Signature:
Cardo & a hanking
Cards & e-banking Name:
Signature:

Daily Credit Card Limits				
Credit Card Product	BIN	ATM Withdraw & Cash Advance	Purchases	Allowable Credit Limit
Business	459823	K150,000.00 (Max.10 transactions)	K2,500,000.00 (Max 99 transactions)	K250,000.00 to K10,000,000.00
Corporate	459823	K150,000.00 (Max.10 transactions)	K5,000,000.00 (Max 99 transactions)	K2,000,000.00 to K30,000,000.00