

KABUL BANK Credit Card - APPLICATION FORM – Individuals

Application No.: _____ Name of Branch: _____ Place: _____ Date: _____

Important instructions:

1. Please fill the entire form in capital letters only
2. Leave one box space between each word. Do not write outside the provided boxes
3. Complete all sections, sign the declaration and attach necessary documents
4. It is mandatory for the card holder to write name in full in clause No. 2 (Viz., at least an initial and a complete name word in the application form)
5. Tick (v) boxes where appropriate and write N.A. if not applicable.
6. Fields marked (*) are mandatory

ABOUT YOU

*1. Name to be embossed (Max 19 letters)

*2. Name

Salutation (Mr./Mrs./Dr./Engr.)

*S/o, W/o, D/o

*Nationality - Resident: Non Resident: Nationality _____
(Applicable only for non residents)

*Passport / Tazkira No.: _____ Date of expiry: _____

Place of Issue: _____

*3. Present Residential Address: _____

Permanent Address: _____

*4(a) Date of Birth:

 Age:

(b) Mother's maiden name: _____

*5. Sex: Male Female

6. Educational Qualification: 10+2 Diploma Graduate

Post Graduate / Professional & Above Others (Specify) _____

*7. E-Mail ID _____ Mobile No: _____

8. Marital Status: Married Single No. of Dependents

*9. Profession: Salaried Self employed Professional
 Retired Pensioner Housewife
 Student Others

10. Status of the company: Govt. Private
 (If employed) NGO Others

*Name of the Company _____

*Name of the Institution (Applicable in case of Students only) _____

*11. Designation: _____
 (Applicable only if employed)

12. Number of Years in Service or duration of course _____

13. Current employment: _____ Previous Employment: _____

If Self Employed

1- Nature of the firm Partner Proprietor Pvt. Ltd. Co.
 Others

2- Ownership Stake Solely owned 50%share Less than 50%

*3. Name of the Company / Firm: _____ Status / Role: _____

4. Address: _____

Tel No.:

Fax No.:

5. Year of Incorporation: _____

6. TIN of the firm : _____ License No: _____ Exp Date: _____

BANK ACCOUNTS

1. Name of the Bank: _____ 2. Branch: _____ City: _____

Type of Account: Savings A/C Current A/C Fixed Deposit A/C

3. Year of opening Account: Account No.: _____

DETAILS OF OTHER CARDS OWNED

1. Credit Card No. _____ Expiry Date _____ Issued by _____
 2. Credit Card No. _____ Expiry Date _____ Issued by _____

ABOUT YOUR INCOME

1. Income from salary /Business/Profession: _____ p. a
 2. Other Income: _____ (Source): _____

Status of Residence: Owned Rented Leased

 Company provided Others

Total Net worth: _____

Supplementary Card Details Yes/No _____

*Name: _____ *Relationship with the primary applicant: _____

*E-mail Address: _____ *Mobile No.: _____

*Name to be embossed on the card

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 (max 19 characters)

PARTICULARS OF DEPOSITS / FACILITIES WITH KABUL BANK
 (Applicable for cards applied with Deposit back up only)

Deposit A/C No.: _____

In the name of: _____

1) Deposit Amount: _____ Deposit Date.: _____

Maturity Value: _____ Maturity Date: _____

PLEASE SIGN THIS DECLARATION

I/ We confirm having read and understand the terms and conditions supplied to me which I/we are in possession of and unconditionally accept the same and also the changes brought out from time to time. I/We confirm that the information contained in the application is true and correct and if any of the information is found to be incorrect, I/we will be severally and jointly liable for criminal prosecution by the Bank. I/We further understand that the Bank reserves the right to change any of the terms/conditions/charges and I/we agree to abide by the same without any contestation whatsoever.

Please Paste
Color Photo
of
Main Card
Holder

3cm x 4cm

Please Paste
Color Photo
of
Suppl Card
Holder

3cm x 4cm

Signature of the Cardholder
(Please sign in Black ink only)

Signature of the Cardholder
(Please sign in Black ink only)

Name: _____
Date: _____

Name: _____
Date: _____

CREDIT CARD DEPARTMENT'S RECOMMENDATION

- i) We have verified the details furnished in the application including financial data and other information.
- ii) The applicant is a customer of our Bank for the past _____ years maintaining an average balance of USD _____ in his/ her SB /Current account and dealing with us have been satisfactory.
- iii) The applicant is a new customer.
- iii) We recommend sanction of Kabul Bank Credit Card Platinum / Gold / Standard with a spending limit of _____
- iv) Overall Assessment:
 - Excellent
 - Good
 - Satisfactory
- v) The above limits sanctioned are as per process note and scoring criteria prepared by us.

Name: _____ Signature of the Official: _____

CCO's RECOMMENDATION

Recommended for sanction a limit of USD _____

(Signature of Chief Credit Officer)

SANCTION

Sanctioned a Credit Card Limit of _____

(Signature of Dy Chief Executive Officer)

(Signature of Chief Executive Officer)

SANCTION

Card No.: _____ Kabul Bank Appl. No.: _____ Customer ID _____

Issue Kabul Bank's Platinum Gold Standard

with an overall limit of USD _____ (_____)

Signature