

# CREDIT CARD APPLICATION FORM - INDIVIDUAL

**SECTION A: CUSTOMER DETAILS****CUSTOMER INFORMATION**

Title:	<input type="text"/>	Gender:	<input type="text"/>
Family Name:	<input type="text"/>	Date of Birth:	<input type="text"/> (dd/mm/yyyy)
First Names:	<input type="text"/>	Education Level:	<input type="text"/>
National Identity Number/Passport Number:	<input type="text"/>	Marital Status:	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Details of 'Other':	<input type="text"/>
Passport Expiry Date:	<input type="text"/> (dd/mm/yyyy)	Marriage Regime:	<input type="text"/>
Nationality:	<input type="text"/>	Number of Dependents:	<input type="text"/>

**CONTACT DETAILS****Permanent Address:**

House/Apartment Number:

Address:

Town/Village:

Postal Code:

Country:

**Other Details:**

Residential Status:

Details of 'Other':

Phone Number:

Mobile Number:

e-mail Address:

**SECTION B: CREDIT CARD DETAILS**

Choose your preferred card:  Credit card limit requested:

Name to appear on card:   
(Maximum 19 characters including spaces)

**SECTION C: REPAYMENT TERMS**

Account to debit for monthly repayment:

Repayment percentage:

**SECTION D: SUPPLEMENTARY CARD**

Do you require a supplementary card?

(If yes, fill in the supplementary cardholder application form)

**SECTION E: EMPLOYMENT DETAILS**

Employment/Business Type:

Contract Expiry Date:  (dd/mm/yyyy)

Employment Status:

Employer's/Business Name:

Job Title:

Employer Industry

No. of Years in Employment/Business:

Name of Previous Employer:

No. of Years with Previous Employer:

No. of times you have changed employment  
in the last 5 years:

**If 'Self-Employed' is selected**

Business Registration Number:

Trading Name:

Other Applicable Licence:

Activities engaged in:

Brief details on nature of business

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**SECTION F: INCOME & DEDUCTION DETAILS**

**MONTHLY INCOME**

Basic Income: MUR

Total Allowance: MUR

Total Income: MUR

Net Monthly Income: MUR

**MONTHLY DEDUCTION**

Deductions MUR

Existing Debt Servicing: MUR

**Total Deduction: MUR**

**SECTION G: APPLICANT'S DEBTS**

Currency: MUR

Name of Institution	Approved Limit	Current Outstanding Balance	Monthly Repayment	Expiry Date	Collateral	Facility Being Settled
Total						

**CUSTOMER DECLARATION**

By signing the present Declaration, I/we hereby acknowledge having received, read and understood all the provisions of the Terms And Conditions bearing reference BKONE094/Credit Card/T&Cs (copy of which has been handed over to me/us) relative to the credit card application. Such Terms and Conditions have been explained to me/us and I/we fully agree to be bound by them and acknowledge that the Bank may amend same from time to time.

- I/We hereby declare that the statements and details given in this declaration are true, correct and complete and all documents provided are genuine.
- I/We understand that the information supplied by me/us may be used and shared by the Bank in line with the Terms And Conditions governing my/our relationship with the Bank in relation to this credit card application.
- I/We authorise the Bank to use any information from this form for any further credit card application in my/our name in the future, and to retain photocopies of my Know Your Customer (KYC) documents.
- I/We acknowledge that the information contained in this form may be provided to local tax authorities and exchanged with foreign tax authorities in which I/we may be a tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I/We am/are fully aware of the provisions applicable pursuant to any Anti-Money Laundering legislation in force in the Republic of Mauritius. The true source of funds and purpose of transactions will be declared and all money will be duly accounted and no money laundering will be made.
- In line with Bank of Mauritius Guidelines, I/we understand that Bank One Limited shall, as part of its appraisal process of the present application have access to MCIB to seek information on credit facilities provided to me/us by MCIB Participant and I/we formally authorise Bank One Limited to do so.

I/We agree that my/our personal information may be used for marketing purposes. I/We agree to receive emails and/or SMS from the Bank and I/we understand that I/we may opt out of the Bank's subscriptions of emails and/or SMS at any time.

**Customer's Signature**

Date:  (dd/mm/yyyy)