

SBM Visa Platinum Credit Card Application Form

Please complete this application in full since all information is subject to verification before a credit card can be issued.

Please also attach the following documentary evidence:

1. Copy of identification (passport/identity card)
2. Original salary slip/letter from employer
3. Copy of latest utility bill (CWA, CEB, MT)
4. Occupation/Work permit and work contract (for expatriates only)
5. Full passport copy (for expatriates only)
6. Letter of reference from Bank (for expatriates only)
7. Bank statement for last 6 months (only for self-employed)
8. 2 passport size photograph (for photo card)
9. Bank statement for last 3 months (only for non SBM customer)

Preferred Card Options

I am applying for: *(please tick where appropriate)*

- SBM Visa Platinum card Main Supplementary
Card with photo Yes No

Credit limit required (Rs): _____

Customer Personal Information

All fields are mandatory

Title: Mr Mrs Ms Others, please specify

Family name (in block letters):

First names (in block letters):

Mother's Maiden Name:

Embossing name *(in block letters and not exceeding 20 characters including spaces)*:

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Date of birth: Date Month Year

Nationality:

NIC/Passport No:Date of issue:

Education: High school Graduate Post Graduate

Marital Status: Single Married Divorced Widowed

No of dependants:

Permanent address:

Mailing address:.....

(if different from above)

Home phone: Office: Mobile:

Email address:

Residence type:

- Owned Rented Living with relatives
 Company's residence Mortgaged

Customer Occupational Details

Salaried Self-employed Retired Unemployed

Employer:

Office address:

Phone no: Fax no:

Job title:

Industry/business type:

Monthly salary:

Other income:

Source of other income:

Time in current job/business

(if less than 12 months please indicate below previous job details):

Employer:

Phone no:

Time in job:

Bank Reference

Are you an existing SBM customer? Yes No

If yes, please provide the following:

Account with SBM:

Time with SBM:

Other credit cards held:

Bank name	Card number	Expiry date	Limit	Member since

Customer liabilities:

	Bank name	O/S balance	Monthly Payment
Loan			
Standing instructions			
Overdraft			

Expatriates Home Address (abroad)

Address:

Phone no: Fax no:

Email address:

Supplementary Application Information

Title: Mr Mrs Ms Others

Family name (in block letters):

First names (in block letters):

Embossing name *(in block letters and not exceeding 20 characters including spaces):*

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Date of birth: Date Month Year

Nationality:

NIC/Passport No:Date of issue:.....

Relationship with primary applicant: Spouse/Child/Others

(Please delete as appropriate)

Card Account Settlement

I would like to settle my credit card bills by:

Cash/Cheque

Direct debit my SBM a/c:

Please debit my a/c in

Full amount (100%) 5% 10% 25% 50%

Billing date is on the 14th of each month

Card Collection

I would like to collect my card:.....SBM branch.

Customer Declaration

- By signing below I/we ask that an account be opened for me/us and card(s) issued as I/we request and that you renew and replace it/them until I/we surrender my/our right to use the cards.
- I/we agree that my/our SBM Visa Platinum Credit Cards are only to be used subject to the Terms and Conditions of the SBM Credit Cardholder Agreement and I/we further agree to accept and be bound by the Terms and Conditions of the SBM Credit Cardholder Agreement.
- I/we acknowledge receipt of the terms & conditions for the use of the credit card which will be in force if my/our application for the credit card is approved.
- I/we agree to be liable jointly and severally for all charges to the principle and supplementary card(s) issued on my/our request.
- I/we hereby warrant that the above information given is true and correct.
- I/we understand that:
 - the Bank of Mauritius has, in the exercise of the powers conferred upon it by law, established a Central Credit Bureau, the “Mauritius Credit Information Bureau” (MCIB) to collect information from banks regarding the credit facilities which they grant to customers in order to enable a bank which is approached for a credit facility by a customer to obtain information from MCIB regarding any credit facilities granted to that customer by other banks
 - the information so collected will be kept in strict confidence by MCIB and the banks concerned
 - the bank will, as part of its appraised process of the present application, access MCIB to seek information on credit facilities provided to me/us by other banks, I/we authorize the Bank to do so.
 - it will be a term of the credit facility applied for, if granted, that information regarding it shall be given to MCIB for the use of MCIB and other banks
- I/we understand that the Bank might request for additional financial documents.
- I/we understand that the Bank reserves the right to reject the application as its sole discretion without stating any reason.

Data Protection Details

This declaration relates to the information I/we have given in this form and to any other information which I/we may provide to State Bank of Mauritius Ltd or which holds on me/us. The information may be held on computer by State Bank of Mauritius Ltd and retained after my/our account is closed. To enable State Bank Group to provide me/us with appropriate high quality financial services to meet my/our needs, I/we agree that the information may be disclosed to other companies in the State Bank

Group and to associated companies. For example, information may be disclosed for administrative and marketing purposes.

I/we agree that the information may be used to identify and advise me/us, by post, telephone or other electronic mode of any products and services that other companies in the State Bank Group or associated companies think may be of interest to me/us.

Borrower's Protection Act 2009

I/we formally declare and undertake to:

1. disclose to State Bank of Mauritius Ltd in writing any subsequent credit facility that may be applied for by me/us or granted to me/us by any other lending institution.
2. immediately inform State Bank of Mauritius Ltd and my/our guarantor(s) ,if any, should I/we be unable to repay any instalment due to the bank.

I/we unreservedly certify that:

1. the whole 'credit agreement' has been duly read and explained to me/us and that I /we have fully understood the contents and meaning thereof and that the above information as given by me/us to State Bank of Mauritius Ltd is perfectly complete, true and correct to all intents and purposes.
2. The terms and requirements of the abovementioned Borrower Protection Act have been duly fulfilled, to which I/we fully agree and which I/we formally certify.

Date:

.....
Signature (Primary cardholder)

.....
Signature (Supplementary cardholder)

Office use only

For Service Unit:

All documentary evidence enclosed Yes No

Customer signature verification Yes No

Processed by:.....Signature:.....

Date:.....

Checked by:.....Signature:.....

Date:.....

Service Unit Seal

For Online Services:

Card No. issued:.....

Processed by:.....Signature:.....

Date:.....

Checked by:.....Signature:.....

Date:.....

For Credit Underwriting Team:

Limit Approved / Declined

Limit Amount: Rs.....