



LOAN AND CREDIT CARD APPLICATION

Date:

Branch:

PERSONAL INFORMATION

F I R S T M I D D L E L A S T

Other Names: Date of Birth:

Gender: Male Female Nationality:

Marital Status: Married Single Other: (Specify) _____ Number of Dependants: Children

Other: (Specify) _____

Spouse details: Name: Telephone No:

Relationship:

Next of Kin: Relationship: Telephone No:

PERSONAL IDENTIFICATION

National ID: Passport:

Passport Expiry Date: Country of Residence:

Telephone No: Mobile No:

Email Address:

RESIDENTIAL ADDRESS

Residential/Physical Address (Current):

Previous Address if less than 3 years at current address:

Postal Address:

P O B O X C O D E

T O W N C O U N T R Y

Type of Residence: Rental Owned Living with parents Other: (Specify) _____

EMPLOYMENT DETAILS

Employment Status: Permanent Contract Self-Employed Private Practice Part Time Pension
 Other (Please specify) _____

Company name:

Designation:

Occupation:

Customer to Sign _____



EMPLOYMENT DETAILS

Postal Address :

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|---|---|---|---|---|---|---|--|
| P | O | | B | O | X | | | | | | | C | O | D | E | | | | |
| T | O | W | N | | | | | | | | | C | O | U | N | T | R | Y | |

Telephone No:

Mobile No:

Contract Expiry Date:

Employment Date:

Level of Education:

Gross Monthly Salary:

Net Monthly Salary:

Account Number :

Branch Name :

Account type: Salary

Other (Please specify) _____

Date Account Opened:

LOAN DETAILS

Loan applied for:

Loan Product:

RTL

SES Guaranteed

SES Non - Guaranteed

Credit Card

Homeloan

Salary Advance

Overdraft

Others (Please specify) _____

Loan Type:

New Loan

Top up and redraw

Redraw

Top Up (SES)

Others (Please specify) _____

Pricing:

Score

CBR/PRIME+MARGIN

Fix Rate

Salary Advance

Loan Terms:

Months:

Repayment Method: Salary

Direct Debit Order

Loan Terms:

Months:

Repayment Amount:

Loan Protection Cover: Yes

No

Accept Lesser Offer: Yes

No

Minimum Amount:

PERSONAL LOAN PROTECTION

Customer Instructions:

(Please read the following section carefully as this form will constitute a valid contract with the Bank once you append your signature on this document)

I hereby authorize the Bank to arrange the following Credit Life Insurance cover for me:

(Please tick the appropriate)

Credit Life Insurance with Retrenchment Rider

Credit Life Insurance without Retrenchment Rider

*Retrenchment rider will be mandatory cover for all salaried/employed customers

Customer to Sign _____



EMPLOYER CONFIRMATION (For salary advances)

Customer instructions:

Contact Person spoken to:

Names in full: _____

Designation: _____

Company Contact Number(s):

Telephone No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

 Mobile No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Name of Bank staff confirming details:

(SB Staff): _____ Date Confirmed: _____ Time Called: _____

DEBIT AUTHORISATION

I, _____ hereby authorize Stanbic Bank Kenya Limited to debit my account number

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 held at Stanbic Bank Kenya Limited branch, with the _____
 repayment amount reflected in the attached repayment schedule on a monthly basis commencing on (YYYY-MM-DD) _____, until
 the debt is fully repaid.

CUSTOMER DECLARATION AND ACCEPTANCE

1. As credit life cover is mandatory for this loan, I hereby authorize Stanbic Bank to arrange credit life cover to settle the outstanding balance on my personal loan account in the event of my death and/or disability. I authorize Stanbic Bank to debit my account with the life insurance premiums.
2. I understand that any granted cover will be subject to the provisions of the Master Policy whose details are available for inspection at the Bank's branches or hereby undertake to cede a suitable policy to Stanbic Bank before disbursement of the loan should I chose to obtain cover from alternative providers from the list provided. Should I be unable to do so, Stanbic Bank may arrange appropriate cover on my/our behalf.
3. I hereby declare that a list of alternative Insurance suppliers has been provided to me. I understand that I have the right to obtain alternative insurance quotes and that I will not be prejudiced on any application if I should exercise any right to select an alternative insurance provider.
4. If I chose to exercise my right to elect alternative insurance, the Bank's interests must be recorded on the policy. I further undertake to ensure that the policy remains in force for the duration of the loan. Should the policy be cancelled at any stage during the period of the loan I authorize the Bank to arrange the required cover on my behalf and debit my account with the relevant premiums.
5. I acknowledge that I am aware that the Bank's officers, consultants and/or agents may earn a commission/fee from the provision of the insurance services.
6. I confirm that the details provided in this form and in any attached documents are a true reflection of my personal, employment and other details. In addition to accepting this loan offer, I agree that the loan will be fully repayable if I move my account to another bank. I further confirm that the general Terms and Conditions have been explained to me, and I agree to be bound by them, and that I am able to afford the repayments arising from the loan obligation.

Customer Name: _____

Customer Signature: _____ Date (YYYY-MM-DD) _____

Witness Name: _____

Witness Signature: _____ Date (YYYY-MM-DD) _____

Customer Consultant on behalf of _____ Date (YYYY-MM-DD) _____

Customer to Sign _____