



PRIME BANK DEBIT CARD APPLICATION FORM

Before you sign the application form please read the Terms and Conditions very carefully. If in doubt contact the nearest Prime Bank branch. By signing the application form you formally agree to the Terms and Conditions.

The issuance of the card and your acceptance and use of it will be governed by the Terms and Conditions in force at the time of use.

Please complete all relevant sections in BLOCK letters

Date									
Branch									
Type of Account held									
Account No.									
Mode of Operation									
	Please affix photog	Applicant a recent colour raph here TAPLES)				Second Applicant Please affix a recent colour photograph here (NO STAPLES)			
Name in Full					Name in Full				
PERSONAL/JOINT ACCOUNT DETAILS First Applicant									
Date of Birth				ID/Pa	assport No.				
P.O Box				Post	al Code				
Mobile No.				Physical Residential Address					
CIF ID									
Email									
Second Applicant									
Date of Birth				ID/Pa	assport No.				
P.O Box				Post	al Code				
Mobile No.				Phys	ical Residential Addres	s			
CIF ID			,						
Email									





DECLARATION

I/We declare that the information given is true and complete and I/We authorize you to make any enquiries necessary in connection with this application.

I/We have read, understood, agreed to be bound and confirm acceptance of the Prime Debit Card Terms and Conditions and General Terms and Conditions, as amended from time to time available at www.primebank.co.ke/tcs/ and found them to be fair and reasonable. I/We agree that I/We are liable for all changes incurred through the use of each card. I/We understand that Prime Bank Limited reserves the right to decline the application without giving any reason.

Tick below to confirm acceptance							
Terms & conditions							
	1st Applicant	Signature		Date			
	2nd Applicant	Signature		Date			

BRANCH USE ONLY

We have verified the details in the application and confirm that the Signatures are as per mandate and recommend to provide a debit card to the Customer.

	Assistant Manager	Branch Manager
Name		
Signature		
Date		