

Business Details

Application Date

Business Name

Is your business undergoing debt counselling? Y N If yes, what date did you apply for debt counselling?

Please note that your business is undergoing debt counselling, we cannot process your application

Trading Name

*Sole Proprietorship: applicable to the proprietor of the business.
Trusts with less than 3 trustees: applicable to each trustee. Or all trusts?
Partnership / Company / Close Corporation: not applicable.*

In your personal capacity, are you currently undergoing debt counselling? Y N

If yes, what date did you apply for debt counselling?

If married in Community of Property, is your spouse currently undergoing debt counselling? Y N

If yes, what date did your spouse apply for debt counselling?

Please note that if you, or your spouse (if you are married in Community of Property), are currently undergoing debt counselling we cannot process your application.

Business name to appear on card/s

Business Tel no. Facsimile no.

Business e-mail address

Language English Afrikaans Other Industry Sector

Company/CC Registration no. Country of establishment

Country of operation Country of registered Head Office

Tax no. issued? Y N If, YES Tax no.

VAT registration no. issued? Y N If, YES VAT no.

No. of Employees

Trading Physical Address

Postal Code

Trading Postal Address

Postal Code

Company / Close Corporation Registered Address (If differs from Trading Address)

Registered Physical Address

Postal Code

Registered Postal Address

Postal Code

For Official Use Only - Checklist for NEW Business Credit Card Facilities

Copy			Verification Documents Required			
On file	Required		Sole Proprietor	Partnership	CC	Company
		Memorandum and Articles of Association				Yes
		Certificate of Incorporation - CM1				Yes
		Notice of Registered Office and Postal Address - CM22				Yes
		Letter from Auditor to confirm shareholding				Yes
		List of Authorised Signatories			Yes	Yes
		Company / Close Corporation Resolution (As per Addendum 1)			Yes	Yes
		Founding Statement and Certificate of Incorporation - CK1			Yes	
		Amended Founding Statement - CK2 (If applicable)			Yes	
		Partnership Agreement (If in existence)		Yes		
		VAT Return (Optional)	Yes	Yes	Yes	Yes
		Certified true copies of all required Identity Documents	Yes	Yes	Yes	Yes
		Schedule of Directors - CM29	Yes	Yes	Yes	Yes
		Certificate of Change of Name	Yes	Yes	Yes	Yes
		Certificate to Commence Business	Yes	Yes	Yes	Yes

Additional Information Required

		Bank Statements	Yes	Yes	Yes	Yes
		Summary of Latest Balance Sheet	Yes	Yes	Yes	Yes
		Full General Report (Business Bank Branch to complete)	Yes	Yes	Yes	Yes
		Latest Income Statement (Applicable to applicants from other Banks)	Yes	Yes	Yes	Yes

Contact name
 (Person responsible for sale)

Employee number:

Cellphone no. Branch code - -

Sales person F

Administrator Contact Details

Application Date Y Y Y Y M M D D

Title and name Surname

Business tel no. Fax no.

Business e-mail address

Preferred method of contact: Telephone Fax E-mail Other

Automatic Debit Order Details

Automatic Debit Order Y N Bank Name Branch name

Branch clearing code - - Account no.

- The business hereby authorises FNB Namibia Holdings Limited to debit the account as listed above for the purposes of paying the full amount owing by the business on its FNB Business Credit Card account on a monthly basis.
- The business confirms that the account information as provided above is an account in its name and as such the business has the right to give FNB Namibia Holdings Limited the authority to debit such account on a monthly basis. Further the business will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by FNB Namibia Holdings Limited to the account as listed above should the account have insufficient funds, be incorrect or held in the name of any other person or business.
- Please take note that in terms of your authorisation full amount will be deducted monthly, 1 day after your statement date (on the cycle pay date selected below), from the account specified above in respect of the amounts due on your credit card and is calculated as follows: Full Amount Due = Total Transactions, Plus Interest, Plus Fees

Statement Delivery Requirement

Statement Billing Date

(Please mark option with a tick)

Mail to postal address NOR

E-mail only EML

Date on which the statement is to be produced.
The total amount owing on your consolidated control account will be swept to your cheque account.
*NB - Payment due date 1 day after statement date

<input checked="" type="checkbox"/>	Stmnt	Pay*	Cycle
	3rd	4th	1
	18th	19th	12
	26th	27th	17
	30th	31st/1st	20

Preferred e-mail address for statements (Maximum of four e-mail addresses may be selected)

1) E-mail address (Primary)

2) E-mail address (cc)

3) E-mail address (cc)

4) E-mail address (cc)

Credit Limit Requirements

Business credit limit allocation N\$ Business credit limit allocation =

Cardholder's monthly allocation N\$ double cardholder's monthly allocation plus

Sum of Lodge cardholders - Straight N\$ double the sum of Lodge cardholder's limits

Affordability Confirmation

Only applicable to a sole proprietor: Annual Household income N\$

Marketing Consent

The business gives its consent to receive marketing information and that the business's personal details and address may be used by or on behalf of FNB, to offer and send the business information on services and products from:

1) Business units and divisions within FNB Namibia Holdings (e.g. FNB Namibia, WesBank)

- a) Credit Related Y N
- b) Non-credit related Y N

2) External companies to FNB Namibia Holdings Y N

Contact Medium:

Post Y N Email Y N Telephone Y N 24 hours office hours 08H00-19H00

Cell phone Y N 24 hours office hours 08H00-19H00

My preferred communication channel:

Post Email Telephone Cell SMS

Credit Scoring

We will access any information recorded with any credit bureaux. Any information relating to the non-compliance with the terms and conditions of your Credit Card Facility, the application, opening and termination of your Credit Card Facility will be disclosed to and used by any other division of the Bank and credit bureaux. All Credit Bureaux provide a credit profile on the business and its directors as well as possibly a credit score on the credit worthiness of the business and its directors.

Mandate to be completed by the Business applicant ("*the Business*")

(To be completed by the Sole Proprietor (sole proprietorship) or authorised Partners (partnership) or in the case of a Close Corporation or a Company, by the nominated officials mentioned in paragraph 2 of the Resolution, Addendum 1)

1. The Business authorises and requests FNB to:
 - a) Open a Business Credit Card account in the name of the Business;
 - b) Issue a Business Credit Card and / or Electron Credit Card and / or Petro Card/s, at its discretion, to cardholders as nominated by the Business from time to time.
2. The Business confirms that the information provided on this application form is true and complete. The Conditions of Use are available on our website, www.fnbnamibia.com.na or you may contact the Business Call Centre on (061) 299 7226 to obtain a copy.
3. The Business agrees to be bound by the FNB Conditions of Use of the Business Credit Card, Electron Credit Card, Petro Card/s, as amended by FNB from time to time.
4. This Mandate will continue in force and effect until terminated by the Business in writing, duly signed by the Business (by the Sole Proprietor or by the authorised Partners or in the case of a Company or Close Corporation, duly signed in terms of paragraph 2 of the Resolution in Addendum 1) and FNB has been furnished with such written notice of termination.

Business Signature

Sole Proprietorship: To be signed by the proprietor of the Business. Partnership: To be signed by the duly authorised partners of the Business.
Company / Close Corporation: To be signed in terms of paragraph 2 of the Resolution (Addendum 1).

Name	_____	Name	_____
Capacity	_____	Capacity	_____
Signature	_____	Signature	_____

Individuals related to the Business

Section A - To be completed by all individuals as indicated (Please mark with a tick)

Section A : Personal Details

- Business Manager of Company (person in control of Company eg, CEO, COO, MD)
 Authorised Signatories (Persons signing mandate)
- ¹All persons with s in the 25% or more shareCompany
 All Members of the Close Corporation
- Individual requesting Business Credit Card facilities (Cardholder to complete section A and B)

Trading Name

Business "Control" account number (For existing credit card accounts) - -

First Name Surname

ID/Passport no.² Date of birth Y Y Y Y M M D D

Citizenship Nationality

Country of Permanent Residence

³Residential Street Address Postal Code

Postal Address Postal Code

Business Tel no. Facsimile no.

Home Tel no. Cellphone no.

Marital status single married divorced separated widowed

Marital contract ANC with Accrual ANC without accrual COP Out of COP Tribal

Section B - Individual Limit Requirements

Card	Credit limit	Credit balance to "roll" to the Control Account		Will you be drawing cash from ATMs?	
Business <input type="checkbox"/>	N\$ <input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Petro <input type="checkbox"/>	N\$ <input type="text"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
TOTAL MONTHLY LIMIT	N\$ <input type="text"/>				

Cardholder Declaration and Signature

Business Declaration

The Business/ We, the undersigned, hereby confirm(s) that:

1. to the best of its / our knowledge and belief the information provided to the Bank in respect of this quotation/ agreement is true, accurate and complete;
2. the business / We is/ are able to afford the repayments as set out herein;
3. the features and benefits of the account(s) or product(s) have been explained to the business/ us;
4. the way in which the account works has been explained to the business/ us;
5. the fees and charges for opening and operating the account(s) have been explained to the business / us;
6. the business/ we has/ have not applied for debt counselling and does/ do not have an administration order or an order for provisional or final sequestration against the business / our estate;
7. the business/ we has /have read all the terms and conditions governing the product(s) and service(s) that it/ we has/ have applied for and agree(s) to be bound by them; and
8. the business/ we undertake(s) to inform the Bank of any changes to its/ our information given.

Individual Declaration

I, the undersigned, hereby confirm that:

1. I accept joint and several liability as co-principle debtor, with the Business applicant, for all transactions, fees and charges related to the use of all of the card(s) issued to me.
2. I agree to be bound by the FNB Conditions of Use, for the Business Credit Card, Electron Credit Card, Petro Card[f1] (as applicable depending on the type of card which the Business has applied for) as amended by FNB from time to time. The Conditions of Use are available on our website, www.fnbnamibia.com.na or you may contact the business Call Centre on (061) 299 7226 to obtain a copy.

Name

Signature

Spousal Consent (for Community of Property only)

Sole Proprietorship: To be completed by the spouse of the proprietor who has ceded a private investment and is married in Community of Property. Trust /Partnership / Company / Close Corporation: only applicable where the individual has ceded a private investment and is married in Community of Property. To be completed by the spouse of this individual.

I consent to my spouse entering into this Credit Agreement:

Customer Name _____

Print customer name in block letters

Spouse Name _____

Print spouse name in block letters

Spouse Signature _____

Witness _____

Witness _____

Signature _____

Signature _____

Business Signature

Sole Proprietorship: To be signed by the proprietor of the Business. Partnership: To be signed by the duly authorised partners of the Business.
Company / Close Corporation: To be signed in terms of paragraph 2 of the Resolution (Addendum 1).

Name _____

Capacity _____

Signature _____

Name _____

Capacity _____

Signature _____

For Office Use			
Contact name <i>(Person responsible for sale)</i>	_____		
Cellphone no.	Branch code	Employee number:	Sales person
_____	_____ - _____	_____	F _____



Application Business Credit Card Facilities - Addendum

Addendum 1

To be completed by a Company (including (Pty) Ltd and Incorporated) or Close Corporation applicant.

Certified Extract of Resolution

Certified extract of resolution of

Insert full Company / Close Corporation name - referred to as the "Company" or "CC"

At a meeting of the board of directors / members of the Company / CC held on the _____ day of _____

It was resolved that:

1. The Company / CC request that a Business Credit Card account be opened with ¹FNB;

2. Name _____ Name _____

Identity no. _____ Identity no. _____

Capacity _____ Capacity _____

Signature _____ Signature _____

as identified by their signatures, are authorised, on behalf of the Company / CC, to nominate cardholders, from time to time, and to request FNB to issue a Business Credit Card and / or Electron Credit Card and / or Petro Card/s to the nominated cardholders;

3. The Company / CC will be bound by the FNB Conditions of Use of the Business Credit Card, Electron Credit Card and Petro Card/s, as amended by FNB from time to time.

4. Any amendment to the signatories specified in paragraph 2 above will be furnished in writing to FNB, accompanied by an amending resolution of the Company / CC.

Chairman of the meeting

Full Name _____

Signature _____ Date _____

OR

Company Secretary (As defined in the Companies Act, 1973)

Full Name _____

Signature _____ Date _____

NB: A New Addendum is to be provided to FNB Credit Card if mandated signatory is changed.

¹FNB refers to First National Bank of Namibia Limited. - An Authorised Financial Services Provider. Reg. 2002/0180
First National Bank of Namibia Limited. - An Authorised Financial Services Provider. Reg. 2002/0180