



FIRST CITIZENS PINK CREDIT CARD APPLICATION FORM

Please provide the following when submitting your signed application form:

- Job letter (not more than 3 months old)
- Most recent payslip

- 2 forms of id e.g. passport, DP, electoral ID
- Current utility bill for proof of payment – not more than 3 months old

PRIMARY CARDHOLDER INFORMATION:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.		Mother's Maiden Name:	
First Name:		Middle Name:	
Last Name:		DOB (dd/mm/yy):	
Marital Status:		No. of dependents:	
National ID#:		Passport #:	
DP#:		Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other	
Home address:		Years at current address:	
Cell Phone #:		Home Phone #:	
Email:		Previous address (if less than 3 years at current address):	
Occupation:		Time in job (yrs):	
Current employer:		Employer phone #:	
Employer address:			
Previous employer (if less than 3 years in current job):		Previous employer phone #:	
Previous employer address:			
Name and address of landlord or mortgage holder:			
Reference (relative or friend not living at your address):			
Name:		Phone#:	Relationship:
Address:			
Gross monthly salary:		Other monthly income:	Gross monthly earnings:
		Other income source (proof required):	
Monthly Expenses:			
Mortgage/ Rent:		Loan/ Credit Card Payments:	Travel/Vehicle:
Living expenses/ Utilities:		Inc. Tax, NIS etc:	Other:
MONTHLY PAYMENT: From Account No.		<input type="checkbox"/> Minimum	<input type="checkbox"/> Full
MONTHLY PINK CONTRIBUTION:		<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
		<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
*Please initial chosen options above, and Clause 7 on reverse side of form			
Assets:		Balance/ Value	Financial Institution
Deposit accounts		.....	.....
Investments/ Stocks		.....	.....
Vehicle		.....	.....
Real Estate		.....	.....
Other		.....	.....
Liabilities:		Balance/ Value	Financial Institution
Mortgage		.....	.....
Loans/ Credit Cards		.....	.....
Insurance Policy		.....	.....
Hire Purchase		.....	.....
Credit Union Loans		.....	.....
Other		.....	.....

ADDITIONAL CARDHOLDER? Yes No

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.		Mother's Maiden Name:	
First Name:		Middle Name:	
Last Name:		National ID#	
Passport #:		DOB (dd/mm/yy):	
Marital Status:		Relationship to Primary Cardholder:	
Home address:		Years at current address:	
Cell Phone #:		Home Phone #:	
Employer name & address:		Employer phone #:	



First Citizens

TERMS AND CONDITIONS:

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BY SIGNING THIS APPLICATION FORM I/WE AGREE TO THE FOLLOWING:-

1. All information given herein is true, accurate, and complete to the best of my/ our knowledge, and was provided for the purpose of obtaining a Credit Card. I/WE confirm that I am/ we are not being sued, that there is no unsatisfied judgement outstanding against me/us, and that I am/we are not indebted to any other lending institution except as shown in this application. If any statement contained in this application is not true, the Bank may cancel your credit card and request immediate repayment of all money owing under the credit card account.
2. I/WE agree to sign and be bound by the First Citizens Credit Card Agreement accompanying the credit card(s) if approved and issued.
3. I/WE understand that the Primary Cardholder is solely liable for all charges incurred on the account by the Additional Cardholder.
4. I/WE understand that before the Bank accepts this application, I/we must present ourselves at a First Citizens branch and provide two (2) forms of satisfactory personal picture identification, with specific choices being my/our national passport, driver's permit and electoral identification.
5. Whilst I/We have the Account I/we will not seek a loan elsewhere without first informing the Bank
6. This form will remain the property of the Bank whether or not the application is approved.
7. The Bank has my/our authority to debit my/our Account for the minimum monthly payment and the annual fee when it becomes due.
8. The Bank has my/our authority to debit my/our VISA PINK credit card account, once approved, for the sum indicated on the previous page.
9. **I/WE confirm that I/we have read and understood the above terms and conditions and disclosure sections before signing this application form.**

Primary Applicant's Signature

Date

Additional Cardholder's Signature

Date