

WorldRewards/Gold Credit Application Form

Please complete all sections. Tick (✓) boxes as appropriate.
 Yes! I wish to apply for TemboCard Mastercard: Gold World Rewards

PERSONAL DETAILS:

Mr./ Mrs./ Dr./ Prof./Ms.
 Full name (as in I.D./Passport): _____
 (First, Middle, Family Name)
 Date of Birth: Day: _____ Month: _____ Year: _____ Sex: Male Female
 Passport/ID. No.: _____ Date of Issue: _____
 ID Type: _____
 Nationality: _____ No. of Dependents: _____
 Email: _____
 Mobile Number: _____ Marital Status: Married Single
 (If applicable): Work Permit No. _____ Expiry Date: _____
 Spouse Full Name: _____
 Mother's Maiden Surname: _____

CREDIT CARD REPAYMENT ACCOUNT:

Applied credit limit: _____
 CRDB Bank Branch: _____
 Account No.: _____
 Monthly repayment Percentage: 20% 100%
 Other (Please specify): _____ %
 *If no selection made, the default 10% will be applied

OTHER COMMITMENTS:

Total monthly Repayment amount: _____

LOCAL RESIDENCE – OWNERSHIP STATUS:

Owned Rented Financed With Family Company Provided
 With relatives / friends Other: _____
 Residence Address: _____

EMPLOYMENT/BUSINESS

Employed Self Employed
 If employed, you work for: Government Private Sector
 Others (please specify): _____
 Terms of employment Permanent Contract
 Name of Employer/Business: _____
 P.O. Box: _____ District: _____ Region: _____
 Tel: _____ Email: _____
 Nature of Business: _____
 Designation: _____

PRESENT POSITION:

Senior Management Middle Management Junior Management
 Clerical/Administration Others
 No. of years in the organization: _____
 If self-employed, please provide TIN No.: _____

FOR BANK USE ONLY

Recommended By: _____
 Recommended Credit Limit: _____
 Approved Credit Limit: _____

ACKNOWLEDGEMENT RECEIPT

Serial No.: _____
 Branch Name: _____
 Date: _____

CRDB BANK LOANS:

Total Loan Amount: _____
 Loan Type: Personal Mortgage Overdraft Draft Term
 Main Loan A/C No.: _____
 Total Monthly Loan instalment: _____

INCOME:

Gross monthly salary/Income: _____
 Other additional income & Sources: _____
 Total income: _____
 Total Fixed Term Deposit Amount: _____

ADDITIONAL CARD HOLDER:

Do you wish to have a card issued to another member of your family? If yes, please provide their details and signature below. (Must be over 18 years old)

Yes No Limit: _____

TITLE:

Mr./Mrs./Dr./Prof./Ms
 Full Name: _____
 Date of Birth: Day: _____ Month: _____ Year: _____
 Passport/ID. No.: _____ Date of Issue: _____
 Nationality: _____ Mobile. No.: _____
 Email: _____

DECLARATION:

The information provided above is correct and I undertake to inform the Bank of any changes. I acknowledge that I have read and understood all the Terms and Conditions as attached to this application and I agree to abide by them unconditionally. I understand that the Bank shall have the right to refuse acceptance of the application and/or cancel it at any time without being obliged to give any explanation. I further understand that the card remains the property of CRDB Bank PLC. I further agree to sign any other document as required by the Bank to qualify and remain qualified for the Credit Card limit.

Please Note: For your reference, Terms and Conditions are available at www.crdbbank.co.tz

ATTACHEMENTS:

- a) Contract (Employment)
- b) ID Copy (Voters, National ID, Passport)
- c) Three (3) most recent Salary Slips
- d) Employer Certificate

Signature of Principal Applicant: _____ Date: _____

Signature of the Supplementary Applicant: _____ Date: _____

Date: _____

Approving Authority: _____

Card Period: _____

Staff ID No.: _____

Staff Name: _____

Staff Signature: _____