



VISA DEBIT CARD APPLICATION FORM

PLEASE COMPLETE THE DETAILS (in capital letters) AND RETURN THIS FORM TO YOUR LOCAL EQUITY BANK BRANCH

ACCOUNT DETAILS

FIRST APPLICANT

SURNAME _____
 FIRST NAME (S) _____
 P.O. BOX _____ CODE _____ TOWN _____
 TEL (OFFICE) _____ MOBILE _____
 E-MAIL _____
 BUSINESS NAME _____
 I.D / PASSPORT NUMBER _____

SECOND APPLICANT

SURNAME _____
 FIRST NAME (S) _____
 P.O. BOX _____ CODE _____ TOWN _____
 TEL (OFFICE) _____ MOBILE _____
 E-MAIL _____
 BUSINESS NAME _____
 I.D / PASSPORT NUMBER _____

PLEASE INDICATE WHAT ACCOUNTS YOU WANT TO ACCESS USING THIS CARD

ACCOUNT NO. (MAIN) _____
 ACCOUNT NO. _____
 ACCOUNT NO. _____
 ACCOUNT NO. _____
 ACCOUNT NO. _____

DAILY CASH WITHDRAWAL LIMIT

Kshs 20,000 Kshs 30,000 Kshs 40,000 Kshs 50,000

DECLARATION

a) I/we have read, understood and agree to be bound by the terms and conditions outlined overleaf, governing the use of Equity Bank Visa Electron Card and subsequent amendments from time to time as may be issued by the Bank. b) I/we understand that i/we will be responsible jointly and severally for any cash withdrawn or transferred and cost of goods and services rendered by use of the card. Use of any such card will be evidence of receipt and acceptance of these rules. c) I /we warrant that the information provided is true and correct. d) I/we understand that Equity Bank reserves the right to decline the application without giving reason to the extent permitted by law.

Signature _____	Signature _____
Date _____	Date _____

OFFICIAL USE ONLY

Approved / Declined by:

Signature _____ Date _____

Branch Stamp _____

Account Number _____

Branch Stamp _____

Date _____