



**AFRICAN
CENTURY**

DEBIT CARD APPLICATION FORM

AFRICAN CENTURY LIMITED

(Tick appropriate boxes)

New

Replacement

Name of Applicant

ID Number Date of Birth

Postal Address

Residential Address

Residential Tel Number Mobile Number

Name of Employer

Occupation Business Tel Number

Type of Account

Easy Access

Easy Access Special

Account Number

Signature of Applicant _____

Date

TERMS AND CONDITIONS

1. African Century Limited will debit the account with the amounts from all Debit Card transactions.
2. African Century Limited reserves the right to terminate use of the Debit Card without giving any notice and any reasons thereof.
3. Ownership of the Debit Card shall always rest with African Century Limited and the Card shall upon request be returned forthwith or surrendered to African Century Limited or to any person acting on behalf of African Century Limited.
4. The Debit Card holder shall be liable for payment of any costs incurred by African Century Limited in exercising any right against the Debit Card Holder for breach of agreed terms and conditions.
5. The Card holder shall be liable for any amounts arising from or losses incurred by African Century Limited in connection with the use of the Debit Card.
6. The Debit Card holder shall exercise all possible care to prevent loss or theft of the Debit Card. He / she shall memorise the PIN and destroy any physical record thereof. In the event that the Debit Card is lost or stolen or the PIN is disclosed under any due pressure the Debit Card holder shall notify African Century Limited by telephone and confirm the same in writing .
7. When the Debit Card is lost or stolen the card holder shall immediately notify the nearest branch of African Century Limited.

I have read and understood the terms and conditions and agree to the African Century Limited Debit Card terms and conditions.

Signed.....

Date