

COMPANY DETAILS

Application Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	(compulsory)
Company Name	<input type="text"/>			

NCA CLIENTS ONLY

Sole Proprietorship: applicable to the proprietor of the business
Trusts with 2 or less trustees: applicable to each trustee
And applicable to Partnership / Company / Close Corporation / All Other Trusts who have an annual turnover of One Million Rand or less

In your personal capacity, have you undergone or are you currently undergoing debt counselling?

If yes, what date did you apply for debt counselling? | If married in Community of Property, has your spouse undergone or is he / she currently undergoing debt counselling? | |
| If yes, what date did you apply for debt counselling? | |
| Annual Household Income per annum: Only applicable to a sole proprietor | R |

TRADING NAME

Business Name to appear on Card(s)	<input type="text"/>		
Business Tel. No.	<input type="text"/>	Fax No.	<input type="text"/>
Company / CC / Trust Registration No.	<input type="text"/>		
Country of Establishment	<input type="text"/>		
Country of Operation	<input type="text"/>		
Country of Registered Head Office	<input type="text"/>		
Tax No. issued	<input type="text"/>	If YES, Tax No.	<input type="text"/>
VAT Registration No. issued	<input type="text"/>	If YES, VAT No.	<input type="text"/>
Registered Physical Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Registered Postal Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>

ADMINISTRATOR / ACCOUNT MANAGER CONTACT DETAILS

Title & Name	<input type="text"/>			
Business Tel. No.	<input type="text"/>	Fax No.	<input type="text"/>	
Business E-mail Address	<input type="text"/>			
Preferred method of contact	Telephone <input type="text"/>	Fax <input type="text"/>	E-mail <input type="text"/>	Other <input type="text"/>

MARKETING CONSENT

The Company gives its consent to receive information about services and products supplied by the FirstRand Group (FirstRand Banking Group, i.e. FNB, RMB and WesBank). The Company consents to the Company's name and address details being utilised to enable information to be sent to the Company. I / We wish to be contacted via the following channels

Post E-mail Telephone Cellphone SMS

COMPULSORY AUTO PAYMENT

Bank Name	<input type="text"/>	Branch Name	<input type="text"/>
Branch Clearing Code	<input type="text"/>	Account No.	<input type="text"/>
The statement billing date is the approximate day of every month when the company's statements will be produced. Payment due date will be 5 days after statement billing date. Select your option with a ✓			
Cycle 1: <input type="checkbox"/>	Cycle 9: <input type="checkbox"/>	Cycle 18: <input type="checkbox"/>	Cycle 20: <input type="checkbox"/>
3rd (Payment due date on 8th)	15th (Payment due date on 20th)	26th (Payment due date on 31st)	29th (Payment due date on 3rd)

COMPULSORY AUTO PAYMENT (CONTINUED)

1. The Juristic Entity hereby authorises FirstRand Bank Limited to debit the account as listed above for the purposes of paying the full amount owing by the business on its FNB Business or Corporate Credit Card account on a monthly basis.
2. The Juristic Entity confirms that the account information as provided above is an account in its name and as such the business has the right to give FirstRand Bank Limited the authority to debit such account on a monthly basis. Furthermore, the business will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by FirstRand Bank 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.
3. The Juristic Entity confirms that the account listed above is compliant with the Financial Intelligence Centre Act (FICA). Please take note that in terms of your authorisation the full amount will be deducted monthly, 5 days after your statement billing date selected above from the account specified above in respect of the amounts due on your credit card and is calculated as follows: Full payment due = Total transactions, plus interest plus fees.
4. Should your debit order be returned unpaid, the Bank will make further attempts to debit the Juristic Entity's to ensure a successful payment, which costs the Juristic Entity will be liable for.

E-MAIL STATEMENT DELIVERY REQUIREMENTS

If you would like your statement to be posted to your registered postal address, please ignore this section.

Preferred e-mail address for statements (maximum of four e-mail addresses per account may be selected)

E-mail address (Primary)	<input type="text"/>
E-mail address (cc)	<input type="text"/>
E-mail address (cc)	<input type="text"/>
E-mail address (cc)	<input type="text"/>

EXTRACT OF RESOLUTION

To be completed by a Company (including (PTY) Ltd and incorporated), Close Corporation, Trust or Incorporation of Association not for Gain/Non Profit Organisation, or provide us with same. A copy of the signatories' ID(s) must be attached to this application form.

CERTIFIED EXTRACT OF RESOLUTION

Extract of Resolution for:

(Insert full name of Company, Close Corporation, Trust or Incorporation of Association not for Gain / Non Profit Organisation).

At a meeting of the Board of Directors, Members of the Company, Close Corporation, Trustees of the Trust or Members of the Association, with a quorum being present, held on

the day of

1. The Company, CC, Trust or NPO requests that a Business / Corporate Credit Card account be opened with FNB.
2. The following authorised signatories to sign

(i) Authorised Signatory Name	<input type="text"/>	Identity No. / Passport No.	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>
(ii) Authorised Signatory Name	<input type="text"/>	Identity No. / Passport No.	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>
(iii) Authorised Signatory Name	<input type="text"/>	Identity No. / Passport No.	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>
(iv) Authorised Signatory Name	<input type="text"/>	Identity No. / Passport No.	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>

3. Please specify the number of authorised signatories required to sign at any time (eg. any two to sign)

as identified by their signatures, are authorised, on behalf of the Company, CC, Trust or NPO, to nominate the cardholders, from time to time, and to request FNB to issue an FNB Business / Corporate Credit Card and / or Electron Credit Card and / or Petro Card(s) to the nominated cardholders and to effect any necessary changes to the credit card facility as required by the Company from time to time;

CERTIFIED EXTRACT OF RESOLUTION (CONTINUED)

4. The Board of Directors, Members of the Company, CC, Trustees of the Trust or Members of the NPO hereby authorise on behalf of the Company, CC, Trusts or NPO the individuals as identified above and by their signatures to sign in their absolute discretion any agreement as well as all other documentation pertaining hereto. This authority will also include any instructions written or otherwise, given by the above mention person(s) on behalf of the Company, CC, Trust or NPO in respect of the credit card facility.
5. The Company, Close Corporation, Trust or NPO accepts and agrees to be bound by the FNB Business / Corporate Terms and Conditions of the FNB Business / Corporate Credit Card, Electron Credit Card and Petro Card(s), as amended by FNB from time to time;
6. 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, Trust or NPO.

CHAIRMAN OF THE MEETING

Full Name	<input style="width: 95%;" type="text"/>		
Signature	<input style="width: 60%;" type="text"/>	Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

OR

COMPANY SECRETARY

I hereby certify this to be a true extract of the minutes.

Full Name	<input style="width: 95%;" type="text"/>		
Signature	<input style="width: 60%;" type="text"/>	Date	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>

NB: A new Addendum is to be provided to FNB Credit Card if any authorised signatories change.

COMPANY DECLARATION

1. To the best of our knowledge and belief the information provided to the Bank in respect of this application is true, accurate and complete.
2. The fees and charges for opening and operating the account(s) have been explained to the Business.
3. The Business has not undergone or applied for debt counselling or liquidation proceedings or Business rescue proceedings and does not have an administrative order issued against it.
4. The Business has read all the terms and conditions governing this or these product(s) and service(s) that have been applied for and agree to be bound by them.
5. The Business undertakes to inform the Bank of any changes to any information provided.

AUTHORISED SIGNATORIES (TO SIGN IN ACCORDANCE WITH THE EXTRACT OF RESOLUTION)

(i)	Authorised Signatory Name	<input style="width: 95%;" type="text"/>		
	Designation	<input style="width: 30%;" type="text"/>	Signature	<input style="width: 35%;" type="text"/>
(ii)	Authorised Signatory Name	<input style="width: 95%;" type="text"/>		
	Designation	<input style="width: 30%;" type="text"/>	Signature	<input style="width: 35%;" type="text"/>
(iii)	Authorised Signatory Name	<input style="width: 95%;" type="text"/>		
	Designation	<input style="width: 30%;" type="text"/>	Signature	<input style="width: 35%;" type="text"/>
Please specify the number of authorised signatories required to sign at any time (eg. any two to sign)				<input style="width: 15%;" type="text"/>

FOR OFFICE USE (COMPULSORY)

Contact name	<input style="width: 95%;" type="text"/>		
Preferred contact no.	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	Branch name	<input style="width: 95%;" type="text"/>
Sales person	<input style="width: 30%;" type="text"/>	Employee no.	F <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>