

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

1. What are your customer details?

Customer Name:

Customer Reference Number:

National ID: OR Passport Number:

2. What are your cards details?

	Card Number(s) <small>First and last four digits are required</small>	Expiry Date(s) <small>(mm/yy)</small>	Credit Card Account Number(s)
1.	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/> * * * * * <input type="text"/>	<input type="text"/>	<input type="text"/>

3. Please provide your new repayment details.

From which new account do you want to pay your credit card?

Account Number: 0 0 0

This bank account will be known as your APO (Automated Payment Order) account


How much do you want to repay for each month?

5% 10% 15% 20% 25% 50% Full amount

On which date of the month do you want the repayment to be effected?

28th 29th 30th

You confirm that you have read and agree to be bound by the Terms & Conditions herewith.

	Signature: <input type="text"/>	Signature: <input type="text"/>
	Name: <input type="text"/>	Name: <input type="text"/>
	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	

FOR BANK USE ONLY

CREDIT ANALYST TEAM

Credit Limit:

FOS ref:

Reason:

Approved Rejected

Name:

Signature:

Signature Code:

Date: / / (dd/mm/yyyy)

TERMS AND CONDITIONS

1. In line with Bank of Mauritius guidelines, you understand and acknowledge that The Mauritius Commercial Bank Ltd shall access and query the Mauritius Credit Information Bureau (MCIB) to obtain information on credit facilities provided to you.