

Credit Card Application Form

In this application, we would like to know you better. We appreciate your time in sharing your information to help us have a comprehensive understanding of your financial needs and assist in planning your future. Before you sign this application form, please read our Credit Card Terms and Conditions and other information related to the application as indicated on the IID and which are available on our website at www.sc.com/gh. You can request for a physical copy of these Terms and Conditions by calling our Toll Free number 0800 740100. We look forward to serving you better.

Please complete in **BLOCK LETTERS** with **BLACK INK** and tick "✓" in the appropriate box

1 My Personal Details

Salutation/Title Mr. Mrs. Ms. Dr. Prof. Others (please specify)

First Name

Middle Name

Last Name / Surname

Type of Identity Document

Passport National ID Driver's License Voter's ID

Others (please specify)

ID Document Number

Date of Birth / /

Gender Male Female Others (please specify)

Nationality

Marital Status Single Married Others (please specify)

Number of Children _____ Number of Dependants _____

Highest Educational Qualification _____

Mother's Maiden Name _____

2 My Contact Details

Tel. (Mobile)

Residential Telephone No.

Office (Direct line if applicable)

Email Address _____

Provide Present Mailing Address (Including Country & City)

P. O. Box _____

3 My Employment / Business Details

Name of Employer / Business

Employer / Business Address
(Building / Street / Floor No.) P. O. Box _____

Town / City _____ Country _____

Employer Telephone

Nature of Employment

Salaried Self-Employed Others (please specify)

Date Employed / /

Terms of Employment

Permanent Contract Others (please specify)

Occupation / Designation _____

Employee / Staff Number _____

SSNIT Number _____

Tax Identification Number (TIN)

Contract Expiry / /

Contract Tenure Years _____ Months _____

Duration with current employer Years _____ Months _____

Name of previous employer (if less than 3 years with current employer)

Number of years with previous employer _____

Employment Sector (Salaried Employees)

Government Local Company Multinational

Employment Sector (Salaried Employees)

Import Export Wholesaler Others (please specify)

Monthly Income (Local Currency) GH¢ _____

Salary Receipt Date _____

4 My Residential Details

Present Residential Address

Area _____

Accommodation Type Rented Owned Living with parents
 Mortgaged Employer provided

Length of stay at present address Years _____ Months _____

Previous residential address (if less than 3 years at current residence)

Length of stay at previous address Years _____ Months _____

Permanent address (if different from present address. Foreign nationals, please address in home country)

5 My Bank Details

Bank Name _____

Type of Account _____

Account Number

Preferred Branch for card pick up _____

6 My Credit Details

Apply for Visa Infinite Visa Platinum

Credit Limit Required GH¢ _____

Expiry _____

Purpose _____

Name as should appear on Card

Billing Cycle 1st 5th 10th 15th 20th 25th

Credit Card Repayment Debit my account every month on the payment due date

Standing Instruction Minimum Amount Due Total Amount Due

I have an existing loan facility with SCB.

7 My Referees

For Referee 1

Full Name

Relationship

Tel. (Mobile 1)

Tel. (Mobile 2)

Tel. (Work)

Home Address

Number of years acquainted with Referee _____

For Referee 2

Full Name

Relationship

Tel. (Mobile 1)

Tel. (Mobile 2)

Tel. (Work)

Home Address

Number of years acquainted with Referee _____

8 Personal Checklist

I have attached the following documents:

- Completed Application Form
- Latest Salary slip
- Last three month's Bank statement (if applicable)
- Pre- Agreement _____
- Other _____ (please specify)

I understand that the Credit Limit approved is at the sole discretion of the Bank.

I confirm that I have read and understood the Client Terms, Credit Card Terms and Conditions, the Product Brochure and all other information related to my Credit Card Application.
By signing below, I confirm my agreement to these Terms.

Signature of Applicant _____

For all Customer Enquiries and Complaints

¹ Call:
0302 740 100 or Toll Free 0800 740 100

² Contact
gh.standardchartered@sc.com
Feedback.Ghana@sc.com
www.sc.com/gh

NB: eStatements will be sent monthly to the email address provided.

9 For Bank Use Only

BDO / BSSE / RM's Name

- _____
- BDO BSSE RM

Code _____

Branch Directory

Priority Banking Lounges:

Accra High Street Priority Lounge

Head Office Building, High Street

Kumasi Harper Road Priority Lounge

Harper Road Branch

Liberia Road Priority Lounge

1st Floor Liberia Road Branch

North Industrial Area Priority Lounge

North Industrial Area Branch

Opeibea House Priority Lounge

1st Floor Opeibea House Branch

Osu Priority Lounge

1st Floor Osu Branch

Ring Road Central Priority Lounge

1st Floor Ring Road Central Branch

Tema Priority Lounge

Tema Branch

Tema Harbour Priority Lounge

Tema Harbour Branch

* For Priority Clients only

Branches

Abeka

Abeka-Lapaz

Accra High Street

Ahodwo

Breeze @ East Legon

Dellino Plaza

Dansoman

Dansoman Market

Harper Road

Adum, Kumasi

Legon

Near University
Bookshop

Liberia Road

Opposite TUC Building

Liberation Rd - Takoradi

Madina

Near Firestone

North Industrial Area

Accra North

Obuasi

Opposite Methodist Church

Opeibea House

Airport, Accra

Osu

Osu Oxford Street

Ring Road Central

Accra

Spintex Road

Near Hydraform Estates -
Junction

Tamale

Tema

Community 1, Tema

Tema East

Motorway Roundabout

Tema Harbour

Harbour Roundabout

Tudu

SCB Building

Westlands

Westlands Blvd

Achimota

Achimota Retail Centre

West Hills

West Hills Mall

* Contact us on 0302 610750 or 0302 633393 to be connected to any branch

Business Banking

Accra

Business Banking Centre
SSNIT Building, Awudome

Kumasi

Business Banking Centre
Harper Road

* Contact us on 0302 610750 or 0302 633393 to be connected to our Business Banking Centres

Banking Hours

Monday - Friday	All Branches	8:30 am - 4 pm
Saturday	Abeka, Achimota, Ahodwo, Opeibea, Osu, Spintex, Tema Tudu, West Hills, Westlands.	9 am - 2 pm
Monday - Sunday	Breeze @ East Legon	24 Hours

For Enquiries / Feedback / Complaints / Compliments call our 24 hour Client Care Centre on Toll Free number 0800 740100 or +233 302740100 or send us an email on GH.StandardChartered@sc.com or visit our website www.sc.com/gh

Alternatively, you may speak to our staff in any branch.