WHITELISTING APPLICATION FORM



Guaranty Trust Bank (Kenya) Ltd

Date submitted	M	M	D	D	γ	Y	Y	Y	

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	APPLICANT DETAILS					
Customer Name:						
ID/Passport Number:						
Contact No. 1:	t No. 1: Contact No. 2:					
Email Address 1:	Email Address 2 (If applicable):					
REQUEST DETAILS						
Card Product:	Debit Card Credit Card Prepaid Card (<i>Tick where applicable</i>)					
Card Number 1:	First 4 digits Last 4 digits					
Card Number 2:	First 4 digits Last 4 digits					
Card Number 3:	First 4 digits Last 4 digits					
Whitelisting Status:	Temporary Permanent (<i>Tick where applicable</i>)					
Duration of whitelisting	ng (If Temporary) Start Date: M M D D V Y Y Y End Date: M M D D V Y Y					
Duration of whitelisting (If Permanent) Start Date: (where applicable) M M D D Y Y Y Y						
Justification:						

DECLARATION

- 1) I/We certify this information is true and correct and authorize Guaranty Trust Bank (Kenya) Limited ("the Bank") to contact any source for confirmation.
- 2) I/We confirm that the Bank has issued me/us with a Mastercard branded card. I/We understand that to secure the card from fraudulent transactions on usage at various pay points, there are a set of security rules the Bank has set with Mastercard. These rules therefore may cause card transactions declines depending on the type of transaction, location, Merchant type, transaction value amongst other parameters considered as high risk, especially when such transactions are done outside of Kenya.
- 3) I/We understand that the Bank reserves the right to accept or decline this application without giving reasons and without any liability whatsoever on the part of the Bank.
- 4) I/We hereby agree to indemnify the Bank against all loss, claims, costs, expenses and damages arising as a result of the Bank accepting this application.
 5) 1/We understand that despite the Bank accepting this application at its own discretion, card transactions may still be declined due to factors beyond the Banks control and the Bank will not be liable for any loss, claims, costs, damages or inconveniences arising as a result of such declines.

I/We declaration and hereby agree to be bound by the said terms.	$_$ confirm that I/We have read and understood the contents of the
Date: M M D D Y Y Y Y	
Signature:	

PART B

AFTROVAL					
For the Bank's use ONLY					
Status of request	Approved	Declined			
Remarks					
Signature					
Date					