

Signature of Branch Official:

Baroda Gift Card Application Form То Date: The Branch Manager, Branch. APPLICANT'S INFORMATION * NAME IN FULL: ____ * DATE OF BIRTH/ DATE OF INCORPORATION: ______(dd/mm/yyyy) * ADDRESS: CITY: ______POSTAL CODE _____ COUNTRY: _____ EMAIL ID: * MOBILE NUMBER: **DETAILS OF ULTIMATE BENEFICIARY** NAME CONTACT MOBILE NUMBER: _____ COMMUNICATION ADDRESS: _____ PAYMENT DETAIL > ACCOUNT DEBIT > CHEQUE ACCOUNT NUMBER SB/ CURRENT/ OD/ CC: _____ I hereby authorize you to debit my account toward the amount to be loaded on the cards and also the applicable card fee. Fees: Ksh._____Total Ksh.____ Signature of Purchaser/account holder(s):_____ **DECLARATION** I/We hereby agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to respective prepaid card. I/We hereby declare that particulars given herein are true, correct and complete to the best of my knowledge and belief; the documents submitted along with this form are genuine. I/We also acknowledge that as part of purchasing this card, I/We will be visiting Bank's website www.bankofbarodakenya.co.ke Prepaid Card Section for accessing transaction and balance information. Customer Signature(s) FOR BRANCH USE In case of non customer, obtain copy of photo identity and Address proof and keep it along with the application. Signature of the applicant verified Entered by: Authorised by: I hereby authorize you to debit my account toward the amount to be loaded on the cards and also the applicable card fee. CardAmount:Ksh. Fees:Ksh. Total:Ksh. Signature of Purchaser/account holder(s):_____ **ACKNOWLEDGEMENT:** Received Cheque/authority to debit Account for Ksh. Against issuance of : ______ Baroda Gift Cards vide Application serial No. _____ dated _____