EQUICOM SAVINGS BANK
An Equicom Company
Opening Doors, Building Tomorrows.

EqB CASH DEALS FORM

Name of Cardholder/Applicant:

_____

Last Name First Name MiddleName

Credit Card No. (if applicable):

				-					-					-				

Expiry Date:_____

Contact Details:

Billing Address: _____

Home/Office Number: _____

Mobile _____

Email Address: _____

Amount Applied for_____ Preferred Term:_____

PLEASE DEPOSIT THE PROCEEDS TO:

Name of Account Holder: _____

Account Number: : _____

Bank: _____

Type of Account: _____ Current Account _____Savings Account

By signing on this EqB Cash Deals Form, I hereby agree to be bound by the terms and conditions ("T&C") of the EqB Cash Deals Program and comply with the requirements set forth herein, as may be amended or supplemented by Equicom Savings Bank from time to time. I further agree to be bound by the T&C and mechanics of any existing and future promotion/s of Equicom Savings Bank in connection with the EqB Cash Deals program, and by the T&C governing the issuance and use of the Equicom Savings Bank Credit Cards, all as may be amended or supplemented by Equicom Savings Bank from time to time. I likewise agree that in case of insufficient credit limit, Equicom Savings Bank has the sole discretion to approve only a portion of the amount applied without prior notification to me; that Equicom Savings Bank shall have the absolute and exclusive right to approve or reject applications for EqB Cash Deals that in case my EqB Cash Deals application is approved, Equicom Savings Bank is authorized to effect the payment of my obligation as specified herein. I understand that in case of disapproval, Equicom Savings Bank is under no obligation to notify me of such disapproval nor discuss the reason/s thereof.

_____ _____

Signature over Printed Name Date Requested

For branch use only: