KCB BANCASSURANCE INTERMEDIARY LTD INSTALMENT APPLICATION FORM

1. Name……ID NO……

2. Mobile Number …….. Email address……

3. Credit Card No.: ☐☐☐☐XXXX☐☐☐☐. (Only first 4 and last 4 digits).

4. KCB account Number (if applicable) ……

5. Fill the table below for products/services you are purchasing *(refer to invoice)*

Name of Product(s)	Qty	Cost
Total Cost		

I authorize KCB Card Centre to debit my credit card account with Kes.....on monthly basis for..... Months on the card due date, being payment for the above KCB Bancassurance Intermediary Ltd products/services I have chosen.

Repayment period (months)	**Tick your selection**	**Invoice Amount Kes.**	**% Processing fee of invoice amount (@1.55%)**	**Value of processing fee in Kes.**	**Total amount for Financing** i.e Processing fee + invoice amount – Kes.
2 Months			3.1%		
3 Months			4.65%		
4 Months			6.2%		
5 Months			7.75%		
6 Months			9.3%		
7 Months			10.85%		
8 Months			12.4%		
9 Months			13.95%		
10 Months			15.5%		
11 Months			17.05%		
12 Months			18.6%		

I understand that by signing this request, I have agreed to be fully liable in fully paying for the products.

All services/goods purchased shall be checked before accepting delivery and will remain under manufacturer's warranty for stated period on warranty card.

KCB Bancassurance Intermediary Ltd ……

Signature …… Date……

(Customer to sign)

FOR OFFICIAL USE ONLY

Signature …… Date……

(KCB Card Center to sign)

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1ST Instalment			
Balance			