DTBI DIAMOND TRUST BANCASSURANCE INTERMEDIARY LIMITED

Credit Card Insurance Form

CREDIT LIFE ASSURANCE SCHEME

PERSONAL DETAILS

Name

First Middle Last

ID/Passport No. ☐☐☐☐☐☐☐☐☐☐	Date of Birth: ☐☐/☐☐/☐☐☐☐
Telephone	Card Number *(Last 4 digits)* ☐☐☐☐
Credit Card Limit	

DECLARATION

I_____ , declare that I have applied for a Credit Card with Diamond Trust Bank Kenya Ltd. and hereby make application to be issued with a Credit Life Assurance cover in accordance with the foregoing particulars.

I acknowledge that the premium for Credit Life Assurance cover is payable annually as per the Bank's Tariff Guide or as may be stipulated by the Bank. The Bank reserves the right to revise the fee at its discretion within the confines of the law. Any such change will be informed by the Bank to the Cardholder.

Signed on this _____ day of _____ 20_____

_____

SIGNATURE OF THE APPLICANT