

## TERMS AND CONDITIONS

Read through these terms and conditions carefully BEFORE you sign this and every other form related to your application for credit. In the event that my application for credit is approved I confirm, agree and/or acknowledge that:

1. Purchases, instalment payments, fees, interest and any other charges on this account are paid using the United States Dollar (US \$) only in cash. Mastercard, Visa, or Nostro FCA Bank Transfer. For avoidance of doubt **ZWL (RTGS, Bond notes and coins), Pounds, Pula, Rand** or any other currency other than the United States Dollar (US\$) are not accepted as a method of transacting on this account.
2. All information supplied by me to Edgars relating to my application for credit is true and correct in every respect. I agree to immediately notify Edgars in writing of any change in my current circumstances, including any change in my address and phone number.
3. Notwithstanding the monthly instalment plan that may be initially agreed upon Edgars, in its sole discretion may vary that plan, provided that the number of instalments I shall be required to pay in settlement of any balance due by me shall not be more than nine (9) instalments except in circumstances detailed in clause 9 below.
4. I shall pay the total amount due by the due date each month.
5. Interest is currently at \_\_\_\_\_. \_\_\_\_% Interest is charged on the outstanding average daily balance and aggregated at the close of the billing period, which is about one month. All amounts including but not limited to my credit purchases, accrued interest and other charges of any nature shall constitute the principal sum outstanding at the end of the billing period. Overall interest charged on outstanding balance can be reduced by paying monthly installments early or by paying the total balance earlier.

NB: Interest is calculated daily on a simple basis by using the following formula; the average daily closing balance owing on the account facility multiplied by the applicable interest rate per month divided by the number of days in that month, to determine the interest owing per day. The daily interest is then aggregated for the period between the last billing date and the current due date and then added to the balance owing on the account facility on the date of current billing (billing date). Interest rates will, from time to time, decrease or increase depending on the market conditions. Edgars will let me know of any increase or decrease in interest rates before making changes to interest rates.

6. Should I default in payment of the due amount by the due date, I shall be liable for the payment to Edgars of late payment interest charges in US\$ as follows.

- 6.1 If my account is in arrears, late payment interest charges currently at \_\_\_\_\_. \_\_\_\_% per month, will be charged on the total balance owing, before interest charges in clause 5 above are charged on the applicable monthly balance in US\$
- 6.2 If my account is in current status, but has an amount past due (APD), late payment interest charges currently at \_\_\_\_\_. \_\_\_\_% per month, will be charged on the amount past due, before interest charges in clause 5 above, are charged on the applicable monthly balance in US\$.

- 6.3 I accept this liability in acknowledgement of administrative costs that Edgars will incur as a consequence of my failure to pay timeously. The current late payment interest charge will be reviewed from time to time and Edgars will let me know of any increase or decrease in charges before making changes.
7. Edgars shall be entitled to charge any administration fees, refer to drawer cheque fees and the like, at rates to be determined from time to time and Edgars will inform me of any changes.
8. The late payment interest charges to be debited to my account shall be added to the monthly balance of the account, as defined in clause 4 & 5 above, and capitalized for the purpose of calculating future interest.
9. In the event that I do not settle in full the amount due under any monthly billing by the due date reflected thereon, Edgars shall have the right to claim immediate payment in United States dollars (**US\$**) of the total balance due at the date of default, together with the aforesaid late payment interest charge on the whole amount then due, at the rate of interest as determined by Edgars (refer to clauses 4 & 5 above).
10. I shall be liable to reimburse Edgars any costs in US\$ it incurs in recovering any sum due and owing by me, including any tracing fees and administration costs, collection charges and all legal costs in the scale as between legal practitioner and client including Legal Practitioner's collection commission.
11. In the event of any legal proceedings instituted against me I;
  - 11.1 consent to the jurisdiction of any Magistrate's Court in Zimbabwe or the Magistrate's Court in any country in the event that I leave Zimbabwe notwithstanding that the amount due by me may exceed the jurisdiction of that court.
  - 11.2 hereby choose as my domicile citandi et executandi my residential address appearing on the credit application form submitted herewith or such other address in Zimbabwe of which I will immediately notify Edgars in writing.
12. Edgars may disclose my confidential and consumer credit information to registered credit bureau, credit registry and any Government agencies.
  - 12.1 I understand that I may at any time contact any credit bureau or credit registry and request that my consumer credit information be disclosed to me.
13. I hereby give my spouse, whose full names appear on the application form submitted herewith, and whose signature appears at the foot hereof, my authority to purchase goods from Edgars under this credit facility on my behalf and agree to personally and fully settle all debts so incurred on my behalf in terms hereof.

(Delete this clause if not applicable)

Customer Signature.....  
Spouse Name ....., Spouse ID No. ....  
Spouse Signature .....

Witness..... Date .....

**Staff check list:** Have you explained? (Tick)

- |  |                          |
|--|--------------------------|
| Interest charges   | <input type="checkbox"/> |
| Credit Scheme Type   | <input type="checkbox"/> |
| Definition of Total due  | <input type="checkbox"/> |
| Revolving Credit   | <input type="checkbox"/> |
| Buying Power/ Credit Available   | <input type="checkbox"/> |
| Late Payment Interest Charge Policy  | <input type="checkbox"/> |
| Installment Calculations   | <input type="checkbox"/> |
| Installment Due Date   | <input type="checkbox"/> |
| Arrears Follow Up  | <input type="checkbox"/> |
| Payment Options (US\$ Cash, Nostro FCA Domestic Account<br>Interbank Transfer) | <input type="checkbox"/> |
| Trading Calendar   | <input type="checkbox"/> |
| Statement Options (SMS/ Email)   | <input type="checkbox"/> |
| Prompt/ Early Repayments Benefits  | <input type="checkbox"/> |

I certify that I have read and understood and agree to be bound by the terms and conditions above.

Customer's Signature..... Date.....

Staff Member Name ..... Date.....

Signed (STAFF MEMBER) .....

\* TERMS & CONDITIONS APPLY



## **USD CREDIT ACCOUNT APPLICATION FORM**

**Revolving Credit For Evolving Fashion**

**EDGARS**   
Financial Services

## ACCOUNT DETAILS

Account Type  6 Months To Pay  9 Months To Pay  
Club Plus Loan  Yes  No

## PERSONAL DETAILS

Title: Mr  Mrs /Miss  Initials  First Name   
Ms/ Dr   
Surname  Maiden Name (If applicable)   
Date of Birth  D  D  M  M  Y  Y I.D. No.   
Driver's licence No.   
Passport No.   
Nationality   
Marital Status Single  Married  Separated  Divorced  Widowed   
Residential Address   
Email Address   
Postal Address (If different from above)   
Cell  Cell 2  Home Phone   
Do you own a house  Yes  No  Mortgage  
If no, where do you live  Rent  Living with parents  Employer's Accommodation  
Do you own a car  Yes  No  Model  Year  
Time at Current Residence  Y  Y  M  M Time at Previous Residence  Y  Y  M  M Number of Dependents   
Previous Address

## EMPLOYMENT DETAILS

You are employed as Full Time  Part Time  Casual  Student  Contractor  Pensioner   
Contract Expiry Date  D  D  M  M  Y  Y Highest Professional Qualification   
Occupation (Teacher, lawyer etc)  Work Email

Sector :

Mining Sector  Banking Sector  Retail Sector  Public Service  Manufacturing Sector  Defence

Councils  NGO  ZESA  NRZ  Communications  Other (State)

Current Company name

Physical address

Work Phone  Ext  Employee/Clock No:

Section Department  Supervisor/Manager  Time at Current Job  Y  Y  M  M

Gross monthly income  Net monthly income

Other Income  What date of month do you get paid (18th, 25th etc)

Previous Company Worked Name and Address

Bank Loans Monthly Payment US\$  Other Loans Monthly Payment US\$

## BANKING DETAILS

Bank/ Building Society

FCA Nostro Acc. No.  Branch

Mastercard/Visa/Other

Card limit  Card Expiry Date  Y  Y  M  M

## SPOUSE/NEXT OF KIN DETAILS

Title  First Name  Surname

D.O.B  ID Number

Relationship  Cell No:

Occupation  Company  Company Phone Number

Company Address/ Home (if not employed)  Time at Current Job  Y  Y  M  M

Spouse's Gross monthly income  Spouse's Net monthly income

Email Address  Does your spouse have an account with us  Yes  No

**DEPENDENT CHILDREN OR OTHER DEPENDENTS' DETAILS**

1. Name	Relationship
D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/> Phone Number
2. Name	Relationship
D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/> Phone Number
3. Name	Relationship
D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/> Phone Number
4. Name	Relationship
D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/> Phone Number

**DETAILS OF RELATIVES WHO DO NOT LIVE WITH YOU**

1. Full Name	Relationship
Residential/ Bus Address	Home/Bus Phone
2. Full Name	Relationship
Residential/ Bus Address	Home/Bus Phone

**CREDIT REFERENCE DETAILS**

1. Store/ Company	Acc. No.
Phone	Monthly Payment US\$
2. Store/ Company	Acc. No.
Phone	Monthly Payment US\$

**HOSPITAL CASH PLAN DETAILS**

a. Would you like to join the Edgars Hospital Cash plan underwritten by FBC?

Yes  No  Already a member **MI-LIFE FUNERAL INSURANCE DETAILS**

a. Would you like to join MI-LIFE, funeral insurance cover underwritten by CBZ

Yes  No  Already a member **OFFICE USE ONLY**

Account Number							
A							
B							
C							
D							
E							
F	Bank Statement if no payslip Sign.....						
G	Occupation Code Employment Checked Sign.....						
H	Bank card checked Sign.....						
I	Combined income US\$						
J	Ref. checked sign						
	1		2		3		
K	Knox						
M	Valuable asset verification House/Home Ownership						
Total Points							
Confirmed By							
Credit Rating							
Override	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Underride	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Tick whichever is applicable override/underride							
Details							

**ACCOUNT UPDATES**

How would you like to receive account updates?

Email Address  SMS (Phone No.) 

Which Social Media platforms are you on?

 Facebook  Instagram  X (Twitter)  Tik Tok

Please indicate the radio station you listen to:

I certify that the completed details on this application form are correct.

Customer Signature..... Spouse's signature..... Date.....