Office 24 Shamwari Complex, Cnr Sam Nujoma St/Maasdorp Ave,

Belgravia, Harare

Phone: 708 926 Mobile: 0771 563410

Email: info@skycredafrica.com



Application for Air Ticket Credit Facility

SECTION 1	
Full Name .	
ID Number	
Passport Number .	Country
Physical Address	
Name of Employer - Business Address -	
Telephone(s) Home	Work
Mobile	
Email Address	
Next of Kin Full Name	
Next of Kin Contact Number .	
	SECTION 2
Banker's Name	
Branch .	
Branch Code	
Current Account Number .	
DOCUMENTATION REQUIRE	MENTS
PASSPORT - original ID - original BANK STATEMENTS - 3 n SALARY SLIP - current	PROOF OF ADDRESS 1 - utility bill or lease agreement PROOF OF ADDRESS 2 - letter from employer CREDIT REFERENCES - if available
	SECTION 3
conditions that shall apply to agreement) The Applicant dec are correct, accurate and com bankers and employers such	for a finance facility from SkyCred (Pvt) Ltd. The Applicant agrees to the terms and or any finance facility granted (as fully set out in the Acknowledgement of Debt clares that the documents submitted with, and the details appearing in this application applete. SkyCred (Pvt) Ltd are hereby authorised to request and obtain from his/her information as it requires in connection with this application. The Applicant hereby to SkyCred (Pvt) Ltd may refuse this application without reason.
SIGNED	DATE