

HUB CLUB CARD, AND ACCOUNT CARD APPLICATION FORM

Please hand in the completed form at your nearest Hub store.

Would you like to apply for a Hub

Account Card Yes No

Would you like to join the Hub

Club? Yes No

Would you like Superior Account

Protection? Yes No

| FOR INTERNAL ADMINISTRATION | |
|-------------------------------------|----------------------|
| ACCOUNT CARD # SUPPLIED TO CUSTOMER | <input type="text"/> |
| CLUB CARD # SUPPLIED TO CUSTOMER | <input type="text"/> |

If yes, this cover will settle your account in the event of retrenchment, critical illness or hospitalisation. Please complete the SAP Insurance Application Form.

Please complete the application form in full, as an incomplete form will delay processing.

Note: the following required documentation can be attached to the application. Without the following, we are unable to process your account card.

Assessment documents required:

Permanently employed applicant

- Identity document (South African green bar-coded ID or passport and work permit)
- Latest three months' non-internet bank statements reflecting income or original payslip.

Self employed applicant

- Identity document (South African green bar-coded ID or passport and work permit)
- Latest three months' non-internet bank statements reflecting income
- Letter from accountant

QUALIFYING CRITERIA

In order to qualify for the Hub Card, you must:

1. BE OVER 18 Yes No
2. BE A RESIDENT OF SOUTH AFRICA Yes No

SA ID Number

Passport Number

(If not a South African Citizen):

Passport Issue Date:

Country of Issue (if passport provided):

Expiry Date:

Work Permit Number (if passport provided):

Foreign citizenship/nationality/birthplace? Yes No

If "yes" to question above, confirm if the foreign country/citizenship/nationality/birthplace is USA. Yes No

3. EARN A MINIMUM GROSS SALARY OF R15,000 PER ANNUM

APPLICANT'S INCOME AND EXPENDITURE

Gross monthly income (before deductions):

Net monthly income (take home salary):

Other monthly income (commission, bonus, rental, investments, inheritance etc)

Monthly debt repayments (home loan, vehicle finance, surety-ships, etc)

Monthly commitments total excluding debt repayments listed above (school fees, travelling costs, medical expenses, utilities, insurance, etc)

Other liabilities or suretyships

ANNUAL LIMIT REVIEW

Please select **ONLY** one of the following:

- I agree that my limit be automatically reviewed and adjusted annually
- Any adjustment to my limit is to be done at my request

DEBT REVIEW

Have you had your debt reviewed and consolidated by a debt counsellor? Yes No

If married in COP (Community of Property), has your spouse had his/her debt reviewed and consolidated by a debt counsellor? Yes No

YOUR PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other please specify

Surname:

First Name(s):

Date of Birth:

CONTACT DETAILS:

Area Dial Code: Home Telephone number:

Area Dial Code: Work Telephone number:

Cell phone number:

Email address:

Residential Address:

Street/Unit/Stand number:

Street name:

Suburb:

City: Postal Code:

Does your postal address differ from the residential one? Yes No

Postal Address: (only include if differs from residential address above)

Suburb: Postal Code:

Residential Status:

Do you own or rent

Are you living with parents? Yes No

Are you living with employer? Yes No

If you are the owner, state value of house

Date moved to current address:

If at current address for less than two years, please complete your previous residential address:

Previous Residential Address:

Street/Unit/Stand number:

Street name:

Suburb:

City: Postal Code:

Preferred Language:

- Afrikaans English isiXhosa
 Sesotho isiZulu

If Nedbank is unable to communicate with you in your preferred language, which other language would you prefer?

- Afrikaans English

Gender

- Male Female

For statistical reasons please complete

Ethnic group: White Coloured Asian Black

Highest Education:

- Matric Degree
 Post Graduate Qualification Other please specify

Marital Status: Single Divorced Widowed

Married in COP (complete spouses details)

Married out of COP in accrual system

Married out of COP excluding Accrual system

Custom/Tribal Law Separated Foreign Law

Date of Marriage:

Number of Financial Dependents:

HUB CLUB CARD, AND ACCOUNT CARD APPLICATION FORM (CONTINUED PAGE 2 OF 2)

EMPLOYMENT DETAILS

Employment Type: Employed Self-employed Retired
 Unemployed Home-maker Student Casual Worker
 Contract Worker Commission Earner

Occupation: _____

Employment Industry: _____

Company Name: _____

Date joined company: DDMMYYYY

Company physical address only

(Postal address cannot be accepted):

Street/Unit/Stand number: _____

Street name: _____

Suburb: _____

City: _____ **Postal Code:** _____

Only if self employed: Since when? DDMMYYYY

Name of Accountant: _____

Contact telephone number of Accountant: _____

FINANCIAL DETAILS

Bank Name: _____

Branch Name: _____

Branch Code: _____

Account Type: Current/Cheque Savings Transmissions

Account Number: _____

Account Holder Name: _____

Duration at bank: Years: ____ Months: ____

Which cards do you hold?

VISA Master Card Diners Club American Express
 Store Cards Other

PAYMENT REQUIREMENTS

Would you like a payment order?: Yes No

if Yes, select the amount to be debited: *only select ONE option* Minimum payment Total payment
 The amount indicated will be debited every month

Account to be debited on: *only select ONE option* Due Date Statement Date

SPOUSE/NEXT OF KIN PERSONAL DETAILS

Spouse if married Next of kin if unmarried

Title: Mr Mrs Miss Ms Dr Other _____ please specify

Surname: _____

First Name(s): _____

CONTACT DETAILS:

Area Dial Code: ____ **Work Telephone number:** _____

Cell phone number: _____

SA ID Number _____

Passport Number _____
 (If not a South African Citizen):

Country of Issue (if passport provided): _____

Expiry Date: DDMMYYYY

Spouses details are required if married and next of kin if not married/unmarried

SPOUSE INCOME & EXPENDITURE

COMPLETE THIS SECTION ONLY IF MARRIED.

Gross monthly income (before deductions): R _____

Net monthly income (take home salary): R _____

Other monthly income (commission, bonus, rental, investments, inheritance etc) R _____

Monthly debt repayments (home loan, vehicle finance, etc) R _____

Monthly commitments total excluding debt repayments listed above (school fees, travelling costs, medical expenses, utilities, insurance, etc) R _____

Other liabilities or surety-ships R _____

COMMUNICATION AND MARKETING

| | | | |
|---|---|---|---|
| I would like to Hub/Nedbank Limited to inform me of new products: | I would like the Hub to inform me of promotions and competitions: | I would like the Hub/Nedbank Limited to present exclusive offers from other organisations to me | The Hub/Nedbank Limited may request reputable research organisations to contact me: |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

My monthly statement will be delivered by post: Yes

My preferred method of communication is as follows:

SMS Email Post All Direct Mail Telephone Other

Until I give an instruction to the contrary, the Hub/Nedbank may use a method of communication other than that preferred by me, as well as my personal information, to market its products to me including electronic marketing and telesales. Yes No

Where did you hear about the Hub Store Card offering?

In store Billboards Direct mail Internet Radio Printed Media
 Word of Mouth Leaflet Other

PRIVACY CONSENT

I provide my express consent to the Hub/Nedbank Limited to process my personal information as defined in legislation, including fingerprints, biometric personal identification details, photography and identity verification in terms of the Financial Intelligence Centre Act of 2001, for purposes of providing financial services and preventing fraud and money laundering, and to send my personal information to third parties in order to provide a service to me, and also to send such information to foreign countries, when necessary, by electronic or other means for processing. I understand that such countries may not have specific data privacy laws. Yes

STORE CARD AGREEMENT CONFIRMATION

The Hub has explained this application form, the product and costs, where applicable, to me and I confirm that I fully understand the contents thereof and that I am completing it of my own free will. I warrant that I have fully answered all questions and responded to requests for information truthfully as part of the assessment process, and that I am not aware of any other information that may affect this application negatively. Nedbank Limited may undertake identify and fraud prevention checks and share information relating to this application with South African Fraud Prevention Services. All consents provided in this document will survive any contractual relationship that I have with the Hub/Nedbank Limited, unless I provide written notice to Nedbank Limited that I have cancelled such consents. Yes

SIGNATURES

Signed at _____ **on** DDMMYYYY

PLACE

DATE OF SIGNATURE

 SIGNATURE OF APPLICANT WHO ATTESTS TO THE ABOVE

 SIGNATURE OF SPOUSE (IF MARRIED COP) WHO ATTESTS TO THE ABOVE

 SIGNATURE OF LEGAL GUARDIAN (IF UNEMANCIPATED MINOR) WHO ATTESTS TO THE ABOVE

 SURETY, GUARANTOR OR COAPPLICANT WHO ATTESTS TO THE ABOVE

 SIGNATURE OF ADMINISTRATOR (IF UNDER ADMINISTRATION)

Disclaimer:
 The Hub Card is issued and administered by Nedbank Limited, Reg No. 1951/00009/06, VAT Reg No 4320016074, 135 Rivonia Campus, 135 Rivonia Road, Sandton, Sandton, 2196, South Africa. Nedbank subscribes to the Code of Banking Practice of The Banking Association South Africa and, for unresolved disputes, support resolution through the Ombudsman for Banking Services. Nedbank is an authorised financial services provider and registered credit provider in terms of the National Credit Act NCR Reg No NCRCP16.

FOR INTERNAL ADMINISTRATION

Hub Representative Name: _____

Employee Number: _____

Store Name: _____

Store Branch Code: _____

Supervisor name: _____

Supervisor Employee Number: _____

 SUPERVISOR SIGNATURE ON VERIFICATION CONFIRMATION.