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:

- 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 Jet 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 SignatureSpouse NameSpouse ID NoSpouse Signature	
WitnessDate	
Staff check list: Have you explained? (Tick) Interest charges Credit Scheme Type Definition of Total due Revolving Credit Buying Power/ Credit Available Late Payment Interest Charge Policy Installment Calculations Installment Due Date Arrears Follow Up Payment Options (US\$ Cash, Nostro FCA Domestic Account Interbank Transfer) Trading Calendar Statement Options (SMS/Email) Prompt/ Early Repayments Benefits	
I certify that I have read and understood and agree to be bound b conditions above.	y the terms and
Customer's SignatureDateDate	
Staff Member NameDateDate	
Signed (STAFF MEMBER)	



USD CREDIT ACCOUNT APPLICATION FORM

Revolving Credit For Evolving Fashion



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
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 Single Married Separated Divorced Widowed
Residential Address
Email Address
Postal Address (If different from above)
Cell 2 Home Phone
Do you own a house Yes No Mortgage
If no, where do you live Rent Living with parents Employer's Accomodation
Do you own a car Yes No Model Year
Time at Current Y Y M M Time at Previous Y Y M M Number of Residence Number of Dependents
Previous Address
EMPLOYMENT DETAILS
EMPLOYMENT DETAILS
You are employed as Full Time Part Time Casual Student Contractor Pensioner
Contract Expiry Date DDMMYY Highest Professional Qualification
Occupation (Teacher, lawyer etc) Work Email

	Public Manufacturing Defence Service Sector
Councils NGO ZESA NRZ	Communications Other (State)
Current Company name	
Physical address	
Work Phone Ext	Employee/ Clock No:
Section Supervisor Department Manager	Time at Current Job
Gross monthly income	Net monthly income
	What date of month do you get paid (18th, 25th etc)
Previous Company Worked Name and Address	
4	Loans nly Payment US\$
BANKING DETAILS	
Bank/ Building Society	
FCA Nostro	
Acc. No.	Branch
Acc. No. Mastercard/Visa/Other	Branch
	M M
Mastercard/Visa/Other Card limit Card Expiry Date	M M
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE	M M
Mastercard/Visa/Other Card limit Card Expiry Date	M M
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE	TAILS
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE Title First Name	TAILS Surname ID Number Cell No:
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE Title First Name D.O.B	TAILS Surname ID Number Cell No: Company Phone
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE Title Name D.O.B Relationship	TAILS Surname ID Number Cell No:
Mastercard/Visa/Other Card limit Card Expiry Date Y Y SPOUSE/NEXT OF KIN DE Title First Name D.O.B Relationship Occupation Company Company Address/ Home	TAILS Surname ID Number Cell No: Company Phone Number

DEPENDENT CHILDREN OR OTHER DEPENDENTS' DETAILS 1. Name Relationship Phone D.O.B Male Female Number 2. Name Relationship Phone D.O.B Male Female Number 3. Name Relationship Phone D.O.B Male Female Number 4. Name Relationship Phone D.O.B Male Female Number **DETAILS OF RELATIVES WHO DO NOT LIVE WITH YOU** 1. Full Name Relationship Residential/ Home/Bus **Bus Address** Phone Full Relationship Name Residential/ Home/Bus **Bus Address** Phone **CREDIT REFERENCE DETAILS** 1. Store/ Acc. No. Company Monthly Phone Payment US\$ 2. Store/ Acc. No. Company Monthly Payment US\$ Phone **HOSPITAL CASH PLAN DETAILS** a. Would you like to join the Jet Hospital Cash plan underwritten by FBC? Yes No Already a member **MEDACCESS MEDICAL AID SCHEME DETAILS**

a. Would you like to join MedAccess - medical aid scheme underwritten by Bonvie

Already a member

Yes

No

E9 MTPUSD (11/2022)

OFFICE USE ONLY										
Account Number										
A B C D E F Bank Statement if no payslip Sign	ion			Accourage Confirmate C	bureau d by: Int mation Code Code Code Code Code Code Code Code	D D Yes Yes	M M	M \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Y Y	
ACCOUNT UP	DAT	ΓES								
Illow would you like to receive account updates? mail Address SMS (Phone No.) Which Social Media platforms are you on? Facebook Instagram X (Twitter) Tik Tok eferrals: acebook Website Edgars Employee Radio Advert Other Please indicate the radio station you listen to:										
certify that the completed details on this application form are correct. ustomer ignatureDateDate										