

TERMS AND CONDITIONS

Read through these terms and conditions carefully BEFORE you sign this and any other form relative to your application for credit.

In the event that my application for credit is approved I confirm, agree and/or acknowledge that:

1. All information supplied by me to Edgars relative to my application for credit is true and correct in every respect, and I agree to immediately notify Edgars in writing, of any change in my circumstances as provided, including any change in my address.
2. 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 monthly instalments I shall be required to pay in settlement of any balance due by me shall not be less than three, except in circumstances detailed in (9) below.
3. I shall pay the total amount due by the due date each month.
3.1 I further understand that if I settle the whole statement balance by due date the portion of finance charges on the current month's total purchases will be credited to my account on the next statement as finance credit.
4. Edgars shall be entitled to raise monthly finance charges on the balance of my account from time to time, which shall constitute interest (presently, ...%) on the balance of the account at the end of each month, before funeral scheme insurance premiums (where applicable), late payment penalties (if any) are debited and before journal entries are made.
5. Edgars shall be entitled to vary the rate of interest applicable to the finance charges. It will debit from time to time in accordance with fluctuations in rates of interest charged by bankers on credit cards, hire purchase companies and other retailers.
6. In addition, 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 penalty (currently, ...%) of the total balance reflected on the applicable monthly statement, and accept this liability in acknowledgement of administrative costs that Edgars will incur in consequence of my failure to pay timely.
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.
8. The charges so debited to my account each month shall be added to the monthly balance of the account, as defined in clause 4&7 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 statement by the due date reflected thereon, Edgars shall have the

right to claim immediate payment of the total balance of the account at the date of default, together with the aforesaid late payment penalty and finance charge on the whole amount then due at rates of interest commensurate with those charged by bankers on credit cards, hire purchase companies and other retailers.

10. I shall be liable to reimburse Edgars any costs it incurs in recovering any sum due and owing by me, including any tracing fees and administration costs, collection charges and all legal costs on the scale as between legal practitioner and client including Legal Practitioner's collection commission.
11. In regard to any legal proceedings instituted against me:

11.1 consent to the jurisdiction of the Magistrate's Court for the province in which I reside notwithstanding that the amount due by me may exceed the jurisdiction of that court.

11.2 hereby choose as my domicile citandi et executandi the address appearing on the credit application form submitted herewith or such other address in Zimbabwe of which I notify Edgars in writing.

12. Where any insurance policy is taken out in respect of this credit facility, I will be liable for the timeous payment of all premiums due thereunder.
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).

Signature.....

Spouse Signature.....

Witness.....

Physical Address of witness.....

Date.....

Staff check list:
Have you explained...
 Finance charge, Finance credit
 Instalment calculation
 Definition of Total due
 Definition of Due date
 Current Finance Charge policy
 Payment by post procedure
 Reasons for late payment penalty charges
 The Edgars Funeral Insurance Scheme

Signed (STAFF MEMBER)



Account Application Form



Yes!
sign me up
for a better shopping
experience

Yes, I want to open an account

Tell us about yourself

Would you like to be an Edgars Funeral Scheme member? Yes No

Title Initials Surname First Name Maiden Name (if applicable)

I.D. Type Passport National I.D. Driver's License Number Date of Birth (DD/MM/YY)

Marital Status Single Married Divorced Widowed

Residential Address

Postal Address (if different from above)

Home Type Home Owner (Urban) Home Owner (Rural) House Renter Living with Parents Live with Employer Other (Specify)

If Home Owner: Bond Yes No Financial Institution Rent Board Bond How Much \$

Where do you work (Date, Month, Year)

You are employed as Full Time Part Time Casual Student Contractor Contract Expiry Date

Occupation Company Professional Qualifications

Supervisor/Manager Employee/Clock No. Time at Current Job Previous Company Name and Address

Gross Monthly Income \$ Net Income \$ Other Income \$ (Specify) What date of month do you get paid (1st, 15th, 25th etc)

Spouse/Parent details (if not married) Relationship

Title Initials Surname First Name

Occupation Company Address (home - if not employed)

Supervisor/Manager Employee/Clock No. Years and Months at Current Job Years and Months at Previous Job Previous Company Name and Address

Gross Monthly Income \$ Net Income \$ Years and Months at Current Job Years and Months at Previous Job

Where do you work (Month, Year)

Master/Visa/Other Bank Name Branch Acc. No.

Current Account Bank Name Branch Acc. No.

Savings Account Bank/Building Society Branch Acc. No.

Credit reference details

Store/Company Phone Acc. No. Monthly Payment \$

Store/Company Phone Acc. No. Monthly Payment \$

Does your spouse have an account with us? Yes No If Yes, Acc. No.

Relatives details (who do not live with you)

Name Residential/Business Address Home/Work Phone

Name Residential/Business Address Home/Work Phone

Name Residential/Business Address Home/Work Phone

Do you wish to be on MONTHLY STOP ORDER Deduction Payment? Available to employees of selected organisations. Yes No

Signature:

Spouse's Signature:

Date:

Verified by:

Verified by:

Verified by:

ACCOUNT NUMBER

A

B

C

D

E

F Employment checked sign

G Occupation code

H Bank card check sign

I Combined income \$

J Ref. checked sign

K Total Points

L Valuable assets verified

M Car

House/ Home ownership

N Credit Rating

O Over ride: YES NO

Under ride: YES NO

Tick whichever is applicable

Over rider/Under ride

Details:

Details:

Details:

Details:

Details:

Details:

Details:

Details:

Details:

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