

APPLICATION FORM FOR SUPPLEMENTARY CARD

Basic Card No:

Basic Current NIC No:

1 Personal Details

Title: Mr. Mrs. Ms. Full Name as in National ID Card: _____

Name to appear on Card: (19 Characters, provide space between names)

Relationship to Principal applicant: Spouse Parent Brother/Sister Daughter Son House Staff Others _____

Date of Birth: Day Month Year E-mail address _____ @ _____

Limit to be assigned: % of Principal Limit or Rs. (This percentage can be changed at any time after approval through written request.)

Mother's Maiden Name: _____ Occupation: _____ Mobile No: _____

Previous NIC No: Current NIC / B-Form No:

2 Declaration

By signing the above or below (as the case may be), I agree to be bound by the Terms and Conditions of the Cardmembers agreement and the Cardmember declaration stated above and I acknowledge that I shall be responsible for the payment of charges and liabilities billed by you in the Cardmember statement of account relating to charges accountable to the use of my supplementary card in the name of _____ (Supplementary Cardholder).

I confirm that I shall be responsible for all the transactions carried out by the Supplementary Cardholder and agree to indemnify the Bank against any losses, damages, liabilities, costs and expenses incurred or suffered by the Bank by reason of use of the supplementary card by the Supplementary Cardholder.

I confirm having filled and signed this application after having read the Terms and Conditions of the Cardmember agreement and I hereby fully ratify the same.

Supplementary Card applicant's signature _____ Basic Cardmember's signature _____

Date: _____ Date: _____

For Bank use only

Channel reference: _____ Application Reference No:

Status: Approved Declined Card No: Analyst Signatures: _____