

For Bank Use Only

PFC/DSR Name _____

PFC/DSR PSID _____

Branch Code _____

Segment Code _____

Sales Code _____

Comments / Remarks

PFC/DSR Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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Standard Chartered Bank

Building No. 180, Government Avenue
Manama 315

Tel: 17 223 636, Fax: 17 225 001

Branches

Manama (Main Branch)

Building No. 180, Government Avenue
Manama 315

Tel: 17 223 636, Fax: 17 225 001

Diplomatic Area

Zayani House, Building No. 499
Road No. 1706, Manama 317

Tel: 17 530 095, Fax: 17 533 398

Budaiya

Najibi Centre, Building No.3
Saar Avenue, Saar 515

Tel: 17 690 088, Fax: 17 690 016

Muharraq

Building No. 120
Muharraq 215

Tel: 17 343 388, Fax: 17 344 476

East Riffa

Building No. 204, Sh. Ali Bin Khalifa Avenue
East Riffa 903

Tel: 17 771 744, Fax: 17 777 181

Zinj

Al Jazeera Building No. 130
Road No. 33, Mahooz 332

Tel: 17 720 838, Fax: 17 741 408

Saar

Shop No.9, Saar Mall
Bldg 133, Road 25,
Saar 525

Tel: 17 799 799

Standard Chartered Supplementary Card Application Form

- For prompt processing of your application please:
- Use CAPITAL LETTERS.
 - Tick (✓) boxes as appropriate and write NA where not applicable to you.
 - Complete all sections of the application form.
 - Countersign all changes or corrections you make.
 - Copy of CPR & Passport (with Residence Visa page for expatriates).
 - Any correspondence will be mailed to the Primary Cardholder's address.

About yourself

Gender	<input type="checkbox"/> M	<input type="checkbox"/> F																											
<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Others _____																													
Your full name as per your Passport / CPR																													
First name	Middle name	Last name																											
Please write your name as you would like it to appear on the Card (including spaces)																													
<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Date of birth	_____	_____																											
	Day	Month Year																											
No. of years resident in Bahrain	(for non-Bahrainis only)																												
Nationality																													
Passport No.	Expiry date																												
Visa No.	Expiry date																												
CPR No.	<table border="1" style="width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Expiry date																	
Resident in Bahrain <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others																													
Your relationship to the Primary Cardholder <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Parent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Child <input type="checkbox"/> Others [Please Specify] : _____																													
Mother's maiden name <small>(a security feature for your protection)</small>																													

About your residence

Flat / Villa No.	Building No.	P.O.Box (if any)
Street name and No.		
City	Nearest landmark	
No. of years at current address		
Your contact telephone / fax / e-mail in Bahrain		
Office	Extn. No.	Fax
Residence	Mobile	
Email:		

About your work

Are you	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>
Student <input type="checkbox"/>	Retired <input type="checkbox"/>	Not Employed <input type="checkbox"/>
Company name	Nature of business	
Occupation	Business establishment date <small>(Please fill if self-employed)</small>	
C.R No.	Designation	Department
Building No.	Street name and No.	
PO.Box	City	No. of months with current organisation

Would you like to set up a spending limit per billing cycle for your Supplementary Card

Yes No

If yes, amount per month BD _____ or _____% of the Card limit.
(Lower of the two will be applicable and will be rounded to the nearest '0)

Supplementary Card Applicant Declaration

I, the Supplementary Card applicant agree to be jointly and severally liable for all transactions processed by the use of the Card (s) applied for and issued by Standard Chartered Bank to the Primary Cardholder and/or myself, and to be bound by all the Terms and Conditions of the Bank's Credit Card Agreement which accompanies the Card(s).
I accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto.

Supplementary Card applicant's signature

Date

D	D
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M	M
---	---

Y	Y	Y	Y
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Primary Cardholder Details / Declaration

Primary Cardholder's Card number

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Passport No./CPR No. _____

Date of Birth _____

I hereby apply for the issue of a Standard Chartered Bank Supplementary Card. I declare that the information provided in this application is true and correct and I shall advise you of any changes thereto. I hereby authorise Standard Chartered Bank to verify any information from whatever sources it may consider appropriate. I accept that Standard Chartered Bank is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I acknowledge and agree that the use of the Primary Card and/or Supplementary Cards, if any, issued on my account shall be deemed an acceptance of the terms and conditions of the Bank's Credit Card Agreement (which may be amended from time to time). Upon approval, I agree to pay the prevailing fees, if any.

I authorise Standard Chartered Bank to issue Supplementary Card(s) for use on my account to the person(s) named, who I undertake, is/are over 18 years of age, and agree that you may provide information to him/her about the account. In case the Supplementary Card applicant is between 18 and 21 years of age, I hereby undertake that the use of such Card shall be made under my supervision and control. I hereby agree to indemnify the Bank against any loss, damage, liability or such costs incurred by the Bank on account of any breach by me or the Supplementary Cardholder of the aforesaid conditions or any other terms and conditions contained in the Bank's Credit Card Agreement or by reason of any legal disability or incapacity of the Supplementary Cardholder. I also understand that the Supplementary Card fees shall be billed in my statement and I shall be responsible for payment of all charges incurred on the Supplementary Card. The continuation of the membership of the Supplementary Cardholder(s) shall be dependent on the continuation of my membership.

I accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto. By my signature hereunder, I authorize you to disclose information about my card account to such persons as you in your absolute discretion think fit.

Primary Cardholder's signature

Date

D	D
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M	M
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Y	Y	Y	Y
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All Cards will be issued at the sole discretion of the Bank.