Credit Card Supplementary Request Form



						Date	D D	MMY	YYY
1 Applicant D	etails								
Salutation/Title	☐ Mr	Mrs	Ms D	r Prof	Others				
Full Name									
Nationality					Date of Birth		D D	M M Y	YYY
Gender	Male	☐ Fer	male		Placee of Birth				
Marital Status	Married	Sin	igle	Divorced	ID Type Pass	port Driver's	License	National ID	☐ Voter's ID
	Others				Other	rs			
ID Number					Expiry Date		D D	M M Y	YYY
Highest Education Qualification									
Name on Credit Card									
Mother's Maiden Name									
Relationship to Prim	ary	Spouse	Parent	☐ Daugh	nter Son	Others			
Supplementary Card	Limit								
2 Contact De	tails								
Residential Addre	ess								
Mailing Address									
Mobile Number									
E-mail Address									
3 Employer D	otoilo.								
Employer Name	etalis								
Employer Address									
Designation									

4 Primary Cardholder Declaration on Supplementary Card Application Form
Primary Cardholder's Card Number
Passport/ National ID No
Date of Birth D D M M Y Y Y Y
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 card(s) issued on my account shall be deemed as 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 a Supplementary Card for use on my account to the person named, who I undertake, is at least 16 years of age, and agree that you may provide information to him/her about the account. I hereby indemnify the Bank against any loss, damage, liability or any costs incurred on account of any breach by me or the Supplementary Cardholder of the aforesaid conditions or any terms and conditions contained in the Bank's Client Terms, Credit Card Terms & Conditions and Credit Card Agreement or by reason of any legal disability or incapacity of the Supplementary Cardholder. I also understand that the Supplementary Cardholder fees shall be billed in my statement and I shall be responsible for paying all charges, interests and fees incurred on the supplementary card. The continuation of the Supplementary Card shall be dependent on the continuation of my membership.
I confirm that I have informed the Supplementary Cardholder of all Terms and Conditions and other disclosures with regard to the Credit Card and that he/she can in no way make any claim against Standard Chartered Bank in respect thereto.
I accept full responsibility for all actions and inactions of the Supplementary Cardholder.
A/C Holder Signature
5 For Bank Use Only

Relationship Number