



Quotation Number
(For Bank Use Only)

AMERICAN EXPRESS CREDIT CARD APPLICATION FORM

THIS IS A MACHINE READABLE FORM. It should be completed in "BLOCK" letters.

- Letter should not cross the box and do not overwrite.
- Put a tick sign (✓) for the selected check mark box.

* Branch	<input type="text"/>	App. No.	<input type="text"/>	<input type="checkbox"/> Branch	<input type="checkbox"/> DST	<input type="checkbox"/> Other	<input type="text" value="Specify"/>
* Customer Type	<input type="checkbox"/> New	<input type="checkbox"/> Existing CBL A/C	<input type="text"/>	<input type="checkbox"/> Call-Sensitive Customer			
Existing City Bank Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex Corporate	<input type="checkbox"/> Others	<input type="checkbox"/> N/A	Campaign Name	<input type="text" value="Specify"/>
* DSE/Employee Code	<input type="text"/>	Reference Code	<input type="text"/>	Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="20YY"/>

ABOUT YOUR APPLICATION

* I want to apply for City Bank American Express[®] Credit Card ☐ GB Local ☐ GB Dual ☐ Gold ☐ Platinum ☐ Co-Brand ☐ Other

ABOUT YOURSELF

* <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other	* Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
* Your Full Name (as in passport/NID)	<input type="text"/>								
কার্ড মেম্বারের নাম (বাংলায়)	<input type="text"/>								
Nickname	<input type="text"/>	* National ID No.	<input type="text"/>						
* Date of Birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>	* Place of Birth	<input type="text"/>	Nationality	<input type="text"/>		
Name on Passport	<input type="text"/>								
Passport Issue Place	<input type="text"/>	Issue Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>	Expiry Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
Passport No.	<input type="text"/>	Other Documentation	<input type="text"/>						
* Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	Is spouse employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* No. of dependents	<input type="text"/>	
* Educational Qualification	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> HSC	<input type="checkbox"/> Other	<input type="text"/>				
* Contact No. +88	<input type="text"/>			Email	<input type="text"/>				
* Father's Name	<input type="text"/>								
* Mother's Name	<input type="text"/>								
* Spouse's Name	<input type="text"/>								
Contact No. +88	<input type="text"/>	Profession	<input type="text"/>	Company Name	<input type="text"/>				
* Your name as you would like it to appear on the card (leave one space between names, do not use title or nickname)	<input type="text"/>								
* Car Ownership	<input type="checkbox"/> Owned	<input type="checkbox"/> Parents	<input type="checkbox"/> Office provided	<input type="checkbox"/> Nil	Number of Cars	<input type="text"/>			
* How do you want to receive the card?	<input type="checkbox"/> From CBL branch	If from branch, please write the name of the branch					<input type="text"/>		
	<input type="checkbox"/> Through courier	<input type="text"/>							

* In the event Cardmember desires to receive the credit card in their given address, the Cardmember assumes all responsibilities & City Bank will not be liable for loss, non-delivery or any type of forgery or fraudulent activity if the Credit Card is received by anyone except the Cardmember & the Cardmember will be liable for any sort of financial loss or other damage arising out of such incident.

ABOUT YOUR RESIDENCE

* Your Residential Status	<input type="checkbox"/> Owned	<input type="checkbox"/> Family Owned	<input type="checkbox"/> Company provided	<input type="checkbox"/> Rented	<input type="checkbox"/> Other	<input type="text"/>	
* Residential Address	<input type="text"/>						
	<input type="text"/>					If rented, rental per month in Tk.	<input type="text"/>
Nearest Landmark	<input type="text"/>						
* District / City	<input type="text"/>	* Post Code	<input type="text"/>	* Area / Police Station	<input type="text"/>		
* Residence Phone No.	<input type="text"/>	* No. of month(s) at current address					<input type="text"/>



Your Permanent Address
(as in passport)

Nearest Landmark

District / City

Post Code

Area / Police Station

Permanent Phone No.

ABOUT YOUR WORK

* You are

☐ Salaried ☐ Self-employed ☐ Businessman / Industrialist ☐ Land Owner

* Company Name

Nature of Business

* Employment Status

☐ Permanent ☐ Contractual ☐ Part-Time

* Date of Joining

DD MM YYYY

* Designation

Department

Employee ID No.

* Office Address

* Area / Police Station

* District / City

* Post Code

* Phone +88

Name of previous organization

Office Ext.

For Business Persons:
Business Ownership Type

☐ Proprietorship ☐ Partnership ☐ Limited Company

* Total work experience in months

Mode of Sales
(For Businessman)

Cash % Credit %

* Work experience in current organization in month(s)

No. of Employees

persons

Office Premises Status

☐ Owned ☐ Rented ☐ Leased ☐ Other

Business establishment date
(if self employed)

DD MM YYYY

No. of months with current organization

Business Figures
(For Businessman)

Details	Year.....	Year.....	Year.....
Annual Profit			
Annual Turnover			

* CORRESPONDING OR COMMUNICATION ADDRESS (SELECT ANY ONE)

☐ Office address ☐ Residential address ☐ Permanent address

ABOUT YOUR INCOME

* If you are salaried

Basic (monthly) Tk.

Allowances (monthly) Tk.

Total (monthly) Tk.

* If you are self-employed

Gross income (monthly) Tk.

Expenses (monthly) Tk.

Net income Tk.

Additional monthly income
(if any, attach relevant documents)

Source of other income

Income of spouse Tk.

Others' income Tk.

e-TIN No.

Old TIN No.

REFERENCE DETAILS

1st Reference

* Reference Name

* Occupation

* Residential Status

☐ Owned ☐ Family Owned ☐ Company provided ☐ Rented ☐ Other Nationality

* Relation with applicant

Office / Res. Phone +88

* Mobile No.

+88

Email

* Residential Address

Area / Police Station

* Company Name

* Company Address



* Reference Name	<input type="text"/>		* Occupation	<input type="text"/>	
* Residential Status	<input type="checkbox"/> Owned	<input type="checkbox"/> Family Owned	<input type="checkbox"/> Company provided	<input type="checkbox"/> Rented	<input type="checkbox"/> Other
				Nationality	<input type="text"/>
* Relation with applicant	<input type="text"/>		Office / Res. Phone	+88	<input type="text"/>
* Mobile No.	+88	<input type="text"/>	Email	<input type="text"/>	
* Residential Address	<input type="text"/>				
	<input type="text"/>			Area / Police Station	<input type="text"/>
* Company Name	<input type="text"/>				
* Company Address	<input type="text"/>				

☐ **E-Statements** (E-Statements will be sent to the email address mentioned in the 'About Yourself' section.)

☐ **For hardcopy statement (select anyone)** ☐ Office address ☐ Residence address

Sl	Bank Name	A/C Name	A/C Type	A/C No.	A/C Since
1					
2					

Sl	Bank Name	A/C Name	Account No.	A/C Type	Disb. Amount	Instalment Amount	Outstanding Amount
1							
2							

[illegible]

Sl	Security Type	Beneficiary	Rate	A/C / Instrument No.	Bank Name	Issue Date	Face Value	Present Value
1								
2								

*Monthly payment ☐ Yes, I would like to have my City Bank's account automatically debited each month for payment of my Credit Card dues as follows:

☐ Minimum amount due ☐ 100% of current balance **Note:** * If this is left blank, your account will be debited for the minimum amount due.

City Bank Account No.1 for BDT																			
Account No.2 for USD																			
Branch name																			

<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of Supplementary Card applicant: (as in passport/NID)						
Name of Supplementary Card applicant as you would like it to appear on the card (leave one space between names and do not use title or nickname)						
National ID No.				Nationality		
Relationship with the Primary Card applicant		<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Other
Passport No.		Please Specify				

* For City Bank American Express Platinum Credit Card two (2) Supplementary Cards are complimentary and for all other City Bank American Express Credit Cards, One (1) Supplementary Card is complimentary.



SUPPLEMENTARY CARD APPLICATION NO.1 (CONTD.)

Date of Birth

DD

MM

YYYY

Place of Birth

Occupation

Father's / Spouse's Name

Mother's name

Resident / Office Address

Area / Police Station

District / City

Post Code

Would you like to set up a spending limit to your Supplementary Card?

☐ Yes

If yes

% of local Credit limit and

Email ID

☐ No

% of USD Credit limit

Mobile No.

+88

SUPPLEMENTARY CARD APPLICATION NO. 2

☐ Mr.

☐ Ms.

☐ Mrs.

☐ Other

Gender

☐ Male

☐ Female

Name of Supplementary Card applicant:
(as in passport/NID)

Name of Supplementary Card applicant as you would like it to appear on the card
(leave one space between names and do not use title or nickname)

Nationality

National ID No.

Relationship with the Primary

☐ Spouse

☐ Parent

☐ Sibling

☐ Child

☐ Other

Please Specify

Passport No.

Card applicant

Date of Birth

DD

MM

YYYY

Place of Birth

Occupation

Father's / Spouse's Name

Mother's name

Resident / Office Address

Area / Police Station

District / City

Post Code

Would you like to set up a spending limit to your Supplementary Card?

☐ Yes

If yes

% of local Credit limit and

Email ID

☐ No

% of USD Credit limit

Mobile No.

+88

PHOTO

Primary Card Applicant

Please attach recent color passport size photograph in this box, write your name on the back of the photograph.

Supplementary Card Applicant No. 1

Please attach recent color passport size photograph in this box, write your name on the back of the photograph.

Supplementary Card Applicant No. 2

Please attach recent color passport size photograph in this box, write your name on the back of the photograph.

SIGNATURES

Sign within area, use black ink only

Primary Card Applicant

Supplementary Card Applicant No. 1

Supplementary Card Applicant No. 2

SUPPLEMENTARY CARD APPLICANT DECLARATION

I, the Supplementary Card applicant, agree to be jointly and separately liable to all transactions processed by the use of the Card applied for and issued by CBL to the Primary Card applicant and/or to myself, and to be bound by all the terms and conditions of the Bank's Credit Card Agreement.

Signature of Supplementary Card Applicant No. 1

Signature of Supplementary Card Applicant No. 2

Date

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PRIMARY CARD APPLICANT DECLARATION

I, hereby, apply for American Express® Credit Card and declare that the information provided in this application is true and correct and I shall advise you of any changes thereto.

I, hereby, authorize The City Bank Limited to verify any information from whatever sources it may consider appropriate. I accept that The City Bank Limited is entitled in its absolute discretions 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 usage of the Primary Card and/or Supplementary Card(s) if any, issued on my account shall be deemed as an acceptance of the Terms and Conditions of this document, website (which may be amended from time to time) and other official correspondence communicated to me (as elaborated hereinbelow) accompanying the Card.

Upon approval, I agree to pay the prevailing fees. By signing the application and/or activating and/or using the card, I agree to be irrevocably and conclusively bound by the Terms and Conditions as mentioned in the Bank's official website, account opening form (AOF), Most Important Documents provided to me and any other official correspondence communicated to me through various mediums, including, but not limited to through my registered email and/or SMS in my registered number and/or through post service in my registered address. I acknowledge and accept that the Terms and Conditions referred hereinabove is subject to change from time to time at Bank's discretion and I undertake to keep myself updated with and bound by the latest Terms and Conditions communicated to me from time to time. When requested, I authorize The City Bank Limited to issue Supplementary Card(s) for use on my account to the person(s) named whom I undertake is over 18 years of age, and is a resident of Bangladesh, and is bound by all the Terms and Conditions mentioned hereinabove 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 old, I, hereby, undertake that the use of such Card shall be made under my supervision and control. I, hereby, agree to indemnify The City Bank Limited against loss, damage, claim, liability or cost incurred by the Bank on account of any breach by me or by the Supplementary Cardmember(s) of the aforesaid Conditions or any other Terms and Conditions contained in the Bank's this document, Website, AOF or communicated through any other official medium as stated above or by reason of any legal disability or incapacity of the Supplementary Card member. I also understand that the Supplementary Card fees shall be billed in my statement and it shall be my primary responsibility to honor all charges incurred on the Supplementary Card. The continuation of the membership of the Supplementary Cardmember(s) shall be dependent on the continuation of my membership.

I am also aware that City Shield Insurance Coverage is available for me - being the Primary Cardmember - with THE CITY BANK AMERICAN EXPRESS® CREDIT CARD. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Protection Scheme. Being aged between 18 and 75, I agree unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance program automatically upon opening of my Credit Card account and I understand that this insurance is not applicable to the consequence of a sickness or of an accident incurred prior to my enrollment in the Insurance Scheme. I, hereby, authorize the Insurance Company to verify information in relation with the Insurance Scheme from whatever sources it may consider appropriate.

I, hereby, agree that all statements whether through e-statement service or other means of transmission sent by the Bank for my THE CITY BANK AMERICAN EXPRESS® CREDIT CARD shall be accepted and upheld by me as correct and authentic. I declare that I shall not raise any objection against that Bank on its agreeing to the same and I, fully accept the risk and responsibility of statements transmitted by the Bank. The Bank does not warrant against any external factors affecting the privacy and/or security of email during internet transmission. I, also, agree to keep the Bank indemnified against all actions, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of so accepting my request by the Bank and transmitting statements and information through email. I assure the Bank that I shall inform in writing of any change in my email address or any request for discontinuation of this facility to Cards Division, The City Bank Limited, Al Amin Center (9th Floor) 25/A Dilkusha C/A, Dhaka -1000. The Bank shall not be liable or responsible for data corruption, delay and/or interception of the information so given and the Bank reserves the right to update every such information from time to time and at any time.

I am also aware that if I am applying for a Co-Brand Card (mentioned as "other" of the Application form section "About your Application") accepting this declaration authorizes the Bank to share my details with the Co-Brand Partner (affiliated partner to introduce the card). I understand once the information is shared it shall become proprietary of the loyalty program (if any) to the extent required for the purpose of managing the program.

I/We, hereby, declare that I/we shall be under strict obligation to make the Card Dues/Outstanding repayment immediately otherwise the Bank may take appropriate legal action against me/us. The Bank may also exercise its right of lien and set off to appropriate and adjust any or all deposits maintained by me/us with the Bank.

I, hereby, undertake to the Bank that I shall notify the Bank at least one month before renewal of my Card or discontinuation of the same.

DEMAND PROMISSORY NOTE

[illegible]

I promise to pay on demand to The City Bank Limited or order the sum of BDT Taka only). For value received with interest at the rate of percent per annum with monthly rates, or at such rate as may be fixed by The City Bank Limited from time to time.

CARD CHEQUE APPLICATION

Do you want AMERICAN EXPRESS® CARD Cheque Book? ☐ Yes ☐ No

☐ **INSURANCE DECLARATION IN CARD APPLICATION (Primary Card Applicant's Declaration)**

I am aware that City Shield Insurance Coverage is available for me being the primary Cardmember with the City Bank American Express® Credit Card. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Insurance Scheme. Being aged between 18 and 75, I agree, unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance Program automatically upon opening of my Credit Card account and I understand that this Insurance is not applicable to the consequences of a sickness or of an accident incurred prior to my enrollment in the insurance scheme and if my Card account becomes overdue for two (2) months.

I, hereby, authorize the Insurance company to verify the information in relation with this Insurance Scheme from whatever sources it may consider appropriate.

☐ CITY SHIELD INSURANCE COVERAGE

I/We hereby assign the benefits of City Shield Insurance to-

Name of Beneficiary (ies) and percentage Share of Benefits

SL	Name of Beneficiary	Benefit % Relation
1		
2		

☐ CARDMEMBER'S DECLARATION ON THE RIGHT TO SET OFF

This declaration form will be considered as the integral part of the main Card Application Form.

(A) In addition to any general right to set-off or other rights conferred by the law of the Bank, The Cardmember agrees that the Bank may in its absolute discretion at any time and without notice combine and consolidate all or any account(s) held either individually or jointly, of the Cardmember with the Bank of whatever description and wherever located and whether in Taka or in any other currency set off or transfer any sum standing to the credit of any such account(s) including a joint account with Supplementary Cardmember in or towards discharge of all sums due to the Bank under any account(s) of the Cardmember with the Bank of whatever description or wherever located and whether in Taka or any other currency and may do so notwithstanding that the balances of such account(s) and the Cardmember hereby authorizes the Bank to offset any such combination, consolidation, set off or transfer with the necessary conversion at the Bank's prevailing exchange rates which shall be determined by the Bank at its absolute discretion.

(B) For the purpose of enabling the Bank to preserve intact the liability of any party including the Cardmember once a Write or Summon has been issued or to prove the bankruptcy or insolvency of the Cardmember or for such other reasons as the Bank deems fit, the Bank may at any time on place and keep for such time as the Bank may think prudent any monies received, recovered or realized here under or under any other Security or Guarantee to the credit of the Cardmember as the Bank shall deem fit without any intermediate obligation on the part of the Bank to apply the same or any part thereof in or towards the discharge of the sums due and owing to the Bank.

(C) I, am confirming that currently I am not a defaulter of any bank's or any financial institution's.

Signature of Primary Card Applicant

Date _____

