SUPPLEMENTARY CREDIT CARD APPLICATION FORM

Existing Principal Card No.

Principal Cardmember's Name _____

Principal Cardmember's Favorite City _____

Yes, I would like Supplementary Card issued for the following family member:

Supplementary Card Details

Mr. Mrs. Ms. Name _____
(As per passport)

Date of Birth: Day ☐☐/Month ☐☐/ Year ☐☐☐☐

Relationship: ☐Wife/Husband ☐Mother/Father ☐Daughter/Son ☐Brother/Sister

Name as it should appear on card

Credit Limit for this Supplementary Card (AED)_____

Supplementary Card Signature & Photo Feature (Optional)

Photo Feature:
Do you wish to opt for a Photo Card? (If yes, please attach a photograph and sign in the box below.)

Please paste the Supplementary Card Applicant's photograph here.

(Sign within the box, use black ink only)

Supplementary Card Applicant's Signature

Principal Cardholder Agreement

As a Principal Cardmember I hereby apply for the above Supplementary Mashreqbank Visa/MasterCard Credit Cards with the understanding that the issuance of these cards is governed by the Mashreqbank Visa/MasterCard Credit Card Cardholder Agreement by which I am bound. I agree to honour all charges incurred by the Supplementary Cardmembers and also understand that the Supplementary Cards will be valid as long as my Principal Card is valid. The Supplementary Card will be delivered to me at my address as per the Bank's records.

Signature of Principal Cardmember _____ Date_____

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