

Credit Card Upgrade Form

I would like to upgrade my Credit Card to Visa Gold Credit Card MasterCard Titanium Credit Card
 MasterCard Gold Credit Card

Name (including spaces)

Primary Card No.

Supplementary Card No.

I would like my mailing address to be amended to: _____

I would like my telephone number to be amended to:

Tel. Off Res Mobile

Cheque enclosed: if yes, Cheque No. _____ Cheque amount _____

SCB Account holder: Yes No If yes, A/C No: _____

Standing instruction amendments: Minimum payment _____ % Preferred due date _____

My current income is: _____ Mother's maiden name _____

My date of birth _____ E-mail id: _____

Primary Card Applicant Declaration

I hereby authorize Standard Chartered Bank to verify any information from whatever sources & may consider appropriate. I accept that Standard Chartered 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 new Primary Card and/or Supplementary Card, 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) accompanying the Card.

By signing, activating or using the Card, I agree to be bound by the terms and conditions as mentioned in the Bank's Credit Card Agreement. I understand that all charges and liabilities as on the Card(s) would be transformed to the new Card(s).

Supplementary Cardholder resides at the same address. P.O. Box. No. _____

Thanking you,
Yours sincerely

X _____
 Cardholder's signature Area Date DD MM YY

For Bank Use only

Call Centre ID Verification Yes No Checked by: _____

Credit Department

Approved for Visa Gold MasterCard Gold MasterCard Titanium

Credit Limit approved: BD _____ Approved by: _____ Date _____

Card Operations

ID/Signature Verification Yes No Customer Intimated Yes No Old Card blocked Yes No

Old Plastic destroyed Yes No New Card No. _____ Card Limit _____

New Fee Code _____ Next Fee Due Date _____ Fee Reversal of BD _____ give to payments

Photo/Sign given for scanning Yes No

Done by _____ Checked by _____ Date _____ Payment acknowledged for SI intimation

For Sales/Branches

Source Code _____