



# Achieve your ambitions with the right support

Meet your financial commitments at ease with  
a Standard Chartered Personal Loan.

Speak to us today.



Phone Banking (Free)\*  
 Online Banking (Free)\*  
 Mobile Banking (Free)\*  
 Facsimile Instructions Accepted  
 Cheque Book (Please refer to service and price guide)  
 Electronic Statement (Free)\*  Yes  No, paper statement to be sent to  
 Home  Permanent Address  P.O. Box \_\_\_\_\_

\* You can also access your credit card information if you select these services  
 (Note: If you already have a debit card for your existing account with us, a new one will not be issued. Paper statements will be charged as per service and price guide)

**5 Would you like a Credit Card?**

Yes  No (go to section 7)

**Select your choice of card**

Visa Classic  
 Visa Gold  
 Visa Platinum

Name on Credit Card  
 \_\_\_\_\_

Mother's maiden name (for your security) \_\_\_\_\_

Which billing cycle would you like to subscribe for?

6th  11th  21st of every month.

Payment should occur within 20 days from the selected due date

**To protect your purchases would you like to subscribe for:**

Comprehensive Insurance (0.9% of outstanding)  
 Card Fraud Insurance (0.45% of outstanding)  
 Safety Net & ILOE Insurance (0.7% of outstanding)  
 Personal Accident Insurance (0.45% of outstanding)  
 Card Fraud & Personal Accident Insurance (0.7% of outstanding)

Signature \_\_\_\_\_

**Would you like to have your Credit Card payments deducted from your Account?**

Yes\*,  minimum amount due or  \_\_\_\_\_% of current balance  
 No

\*Your Personal Loan repayment bank account will be used for your Credit Card payments

**6 Would you like a Supplementary Credit Card?**

Yes  No (go to section 7)

Salutation/Title  Mr.  Mrs.  Ms.  Dr.

Full Name  
 \_\_\_\_\_

\_\_\_\_\_

Gender  Male  Female

Date of Birth

Nationality \_\_\_\_\_

Relationship to Primary Card Applicant \_\_\_\_\_

Name on Supplementary Credit Card  
 \_\_\_\_\_

CPR Number

CPR Expiry Date

Passport Number

Would you like to set up a spending limit per billing cycle to your supplementary credit card?  Yes\*  No

If yes,  amount per month (BHD) \_\_\_\_\_ or  \_\_\_\_\_% of the card limit

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 Card applicant 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 also agree to pay the prevailing fee on renewal. I accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto.

**Supplementary Cardholder ( Signature )**

Date

\*Lower of the two will be applicable and will be rounded to the lowest .00

**7 Health Declaration**

I hereby declare and certify that:

- 1- I am currently actively at work (i.e. reporting regularly on a full-time basis to my workplace, performing the usual and normal duties of my occupation in conformity with the employment conditions, having completed at least thirty (30) days of continuous employment) with no health restriction due to sickness or accident; AND
- 2- I have not during the past twelve (12) months, been unable to work for more than fifteen (15) days due to sickness or accident; AND
- 3- I have not been hospitalized for more than five (5) days during the last five (5) years; AND
- 4- I do not intend to: take part in or practice for any hazardous activity; or, travel in any form of air transport, except as a paying passenger in an aircraft operated by a commercial airline on a scheduled passenger trip over its established passenger route; or, engage in any military, paramilitary, naval, police, fire-fighting, or aviation service; AND
- 5- I have neither been treated for nor currently under treatment for high blood pressure, myocardial infraction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous break down, slipped disc, paralysis, coma, diabetes, high cholesterol, tumor, cancer, or any other serious illness or infirmity; AND
- 6- I have never been tested positive for any sexually transmitted disease (e.g. HIV/AIDS) or any type of Hepatitis, nor am I awaiting result of such a test.

I cannot certify the above and ask Standard Chartered Bank to provide me a Medical Questionnaire to fill in to clarify some points.

\_\_\_\_\_

**Main Applicant (signature)**

Date

Place \_\_\_\_\_

**8 Promissory Note**

Place of Making \_\_\_\_\_

Date

On demand I/We promise to pay to Standard Chartered Bank

the sum of BHD (in figures) \_\_\_\_\_

(in words) \_\_\_\_\_

\_\_\_\_\_

only together with the interest at \_\_\_\_\_ % p.a. from date hereof to the date of repayment.

The bearer of this promissory note has the right of recourse without representation or cost.

Signature \_\_\_\_\_

**9 Declaration**

By signing this application:

- You confirm that you are acting on your own behalf;
- You represent and warrant that all information (including any documents) you have provided to us in connection with the application is correct, complete and not misleading (if this is not the case, you may be personally liable);
- You authorize us to verify any of the information you have provided to us or to review your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency);
- You acknowledge that we may decline your application without giving you any reason for doing so. If this happens, no contractual relationship arises between us and you;
- In the case of a payment default by you, you hereby authorize us to fill in the date on the promissory note signed by you as part of this application form;
- You confirm and agree that we may provide any information in connection with this application (including your personal information) to any service provider (whether located inside or outside the Kingdom of Bahrain) for the purposes of providing any service to you in connection with this application (including data processing);
- You agree that you will inform us should there be any change in your occupation, employer or the status of your residency in the Kingdom of Bahrain. If we request, you will need to provide us with the documents to prove such a change;
- You declare that you have received, read and understood our Personal Loan, Account Opening and Credit Card Terms and Conditions forming a banking agreement and you agree to be bound by them. You acknowledge that you are bound by any variation we may make to these documents in accordance with our banking agreement and by notice to you. In particular, you understand that by entering into a banking agreement you provide indemnities, authorizations, consents, waivers and agree to the limitations on our liability;
- You consent to us contacting you at the address, e-mail address and phone numbers you have provided to us, to give you information on other products and services that we, or our strategic partners, may offer;
- If you have chosen to receive statements electronically, you agree that we can send you statements for accounts and credit cards by electronic mail to e-mail address you have provided as specified in the application form.

\_\_\_\_\_

Main Applicant (signature)

Date

**10 For Bank Use Only**

PFC/DSR Name \_\_\_\_\_

PFC/DSR PSID \_\_\_\_\_

Bank A/c No.

Branch Code \_\_\_\_\_

Segment Code \_\_\_\_\_

Comments / Remarks

\_\_\_\_\_  
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\_\_\_\_\_

PFC/DSR Signature \_\_\_\_\_

Date

BSSM/TSM/SM Signature \_\_\_\_\_

Date