Supplementary Card Application Form

Name of Supplementary Card applicant as you would like on the Card (leave space between names)

Gender ☐ M ☐ F Resident in Bahrain ☐ Yes ☐ No

Relationship with the Primary Cardholder

☐ Self ☐ Husband Wife ☐ Parent ☐ Brother ☐ Sister ☐ Child ☐ Others

Date of Birth _____ Occupation _____

CPR No. _____

Passport No. _____ Expiry date _____

Visa No. _____ Expiry date _____

Mother's maiden name (a security feature for your protection) _____

Would you like to set up a spending limit per billing cycle for your Supplementary Card?

☐ Yes ☐ No

If yes, amount per month BD _____ or _____ % of the Card limit.
(Lower of the two will be applicable and will be rounded to the nearest '0)

Supplementary Card Applicant Declaration

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 Cardholder 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 accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto.

x _____

Supplementary Card applicant's signature Date Place

Primary Cardholder Details / Declaration

Primary Cardholder's Card number | | | | | | | | | | | | | | | |

Passport No./CPR No. _____ Date of Birth _____

Mother's Maiden Name _____

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 Primary Card and/or Supplementary Cards, 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). Upon approval, I agree to pay the prevailing fees, if any.

I authorise Standard Chartered Bank to issue Supplementary Card(s) for use on my account to the person(s) named, who I undertake, is/are over 18 years of age, 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 of age, I hereby undertake that the use of such Card shall be made under my supervision and control. I hereby agree to indemnify the Bank against any loss, damage, liability or such costs incurred by the Bank on account of any breach by me or the Supplementary Cardholder of the aforesaid conditions or any other terms and conditions contained in the Bank's Credit Card Agreement or by reason of any legal disability or incapacity of the Supplementary Cardholder. I also understand that the Supplementary Card fees shall be billed in my statement and I shall be responsible for payment of all charges incurred on the Supplementary Card. The continuation of the membership of the Supplementary Cardholder(s) shall be dependent on the continuation of my membership.

I accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto. By my signature hereunder, I authorize you to disclose information about my card account to such persons as you in your absolute discretion think fit.

x _____

Primary Cardholder's signature Date Place

Standard Chartered Card Centre
P O Box 11393, Manama, Kingdom of Bahrain. Ph: 8000 1802

All Cards will be issued at the sole discretion of the Bank.

Credit Cards

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Share your world of privileges with free Standard Chartered Supplementary Credit Cards.

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