

Supplementary Card Application Form



Name of primary card holder

Primary card number

Mr. Mrs. Ms. Dr.

SUPPLEMENTARY CARD APPLICATION FORM

Name of supplementary card applicant (as in the passport)

Name as you would like it to appear on the card (leave one space between names)

Date of birth Day Month Year

Relationship with primary applicant

 Spouse Child Parent
 Brother Sister Other Resident Non-Resident

Mother's maiden name (a security feature)

Nationality

Passport no.

Emirates ID no.

Tel no. (res.)

Mob no.

Email ID

What spending limit do you wish to set up for the supplementary card?

 % of the primary card limit (only in multiples of 5%)

NOL AUTO TOP UP (APPLICABLE FOR GO4IT CARDS ONLY)

I would like to activate Nol Auto top up facility on the Supplementary Card as per the below plan.

 Yes No

If yes,

 Plan 1 – AED 50 Plan 2 – AED 100 Plan 3 – AED 200

SALIK AUTO TOP UP

I would like to activate Salik Auto top up facility on the Supplementary Card as per the below plan.

 Yes NoIf yes, Salik account Plan 1 – AED 50 Plan 2 – AED 100 Plan 3 – AED 200

DECLARATION

I hereby apply for the issue of an Emirates NBD Supplementary 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 acknowledge that the issuance of the Supplementary Card is subject to the Bank's General Credit Card Terms and Conditions as amended from time to time. Upon the Bank's approval, I agree to pay the prevailing annual fees for the Supplementary Card whenever requested by the Bank. I hereby undertake and acknowledge that any person named in my request for issue of a Supplementary Card will be over 18 years of age. I agree that the Bank may provide such person with information about the Card Account. I agree to honour and pay all charges incurred by the Supplementary Card and understand that the Supplementary Card will be valid for as long as my primary card is valid. I hereby agree to indemnify the Bank against any loss, damage, liability or costs incurred by the Bank resulting from using the Supplementary Card, breaching the Card Terms and Conditions or by reason of any legal disability or incapacity of the Supplementary Cardholder. The Bank shall have the right to refuse accepting this application and/or cancel it at any time without being obliged to give any explanation.

The RTA Terms and Conditions related to usage of Nol can be viewed on www.rta.ae. I agree to abide by the RTA Terms and Conditions

Primary card applicant's signature _____ Date _____

DOCUMENTS REQUIRED

Supplementary applicant's passport copy duly attested by the primary card holder.

- > Copy of latest and valid **Passport and Emirates ID** if applicant is a **resident of UAE**
- > Copy of latest and valid **Passport** if applicant is **NOT** a resident of UAE

FOR BANK USE ONLY

Promotion code	<input type="text"/> <input type="text"/> <input type="text"/>
Sourcing channel code	<input type="text"/> <input type="text"/> <input type="text"/>
RM/RBE code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank receipt date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Final status/date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Subject to Emirates NBD terms, conditions and approval.