



Quotation Number  
(For Bank Use Only)

# AMERICAN EXPRESS CREDIT CARD APPLICATION FORM

THIS IS A MACHINE READABLE FORM. It should be completed in "BLOCK" letters.  
• Letter should not cross the box and do not overwrite.  
• Put a tick sign (✓) for the selected check mark box.

\* Branch  App. No.   Branch  DST  Other  Specify

\* Customer Type  New  Existing CBL A/C   Call-Sensitive Customer

Existing City Bank Card  Amex  Visa  Amex Corporate  Others  N/A Campaign Name  Specify

\* DSE/Employee Code  Reference Code  Date  DD  MM  20YY

## ABOUT YOUR APPLICATION

\* I want to apply for City Bank American Express® Credit Card  GB Local  GB Dual  Gold  Platinum  Co-Brand   Other

## ABOUT YOURSELF

\*  Mr.  Ms.  Mrs.  Other \* Gender  Male  Female

\* Your Full Name (as in passport/NID)   
কার্ড মেম্বারের নাম (বাংলায়)

Nickname  \* National ID No.

\* Date of Birth  DD  MM  YYYY \* Place of Birth  Nationality

Name on Passport

Passport Issue Place  Issue Date  DD  MM  YYYY Expiry Date  DD  MM  YYYY

Passport No.  Other Documentation

\* Marital Status  Single  Married  Divorced Is spouse employed?  Yes  No \* No. of dependents

\* Educational Qualification  Post Graduate  Graduate  HSC  Other

\* Contact No. +88  Email

\* Father's Name

\* Mother's Name

\* Spouse's Name

Contact No. +88  Profession  Company Name

\* Your name as you would like it to appear on the card (leave one space between names, do not use title or nickname)

\* Car Ownership  Owned  Parents  Office provided  Nil Number of Cars

\* How do you want to receive the card?  From CBL branch If from branch, please write the name of the branch   
 Through courier

\* In the event Cardmember desires to receive the credit card in their given address, the Cardmember assumes all responsibilities & City Bank will not be liable for loss, non-delivery or any type of forgery or fraudulent activity if the Credit Card is received by anyone except the Cardmember & the Cardmember will be liable for any sort of financial loss or other damage arising out of such incident.

## ABOUT YOUR RESIDENCE

\* Your Residential Status  Owned  Family Owned  Company provided  Rented  Other

\* Residential Address   
 If rented, rental per month in Tk.

Nearest Landmark

\* District / City  \* Post Code  \* Area / Police Station

\* Residence Phone No.  \* No. of month(s) at current address



Your Permanent Address  
(as in passport)

Area / Police Station

Nearest Landmark

District / City Post Code Permanent Phone No.

### ABOUT YOUR WORK

\* You are  Salaried  Self-employed  Businessman / Industrialist  Land Owner

\* Company Name Nature of Business

\* Employment Status  Permanent  Contractual  Part-Time \* Date of Joining DD MM YYYY

\* Designation Department Employee ID No.

\* Office Address \* Area / Police Station

\* District / City \* Post Code \* Phone +88

Name of previous organization Office Ext.

For Business Persons: Business Ownership Type  Proprietorship  Partnership  Limited Company \* Total work experience in months

Mode of Sales (For Businessman) Cash % Credit % \* Work experience in current organization in month(s)

No. of Employees persons Office Premises Status  Owned  Rented  Leased  Other

Business establishment date (if self employed) DD MM YYYY No. of months with current organization

Details	Year.....	Year.....	Year.....
Annual Profit			
Annual Turnover			

### \* CORRESPONDING OR COMMUNICATION ADDRESS (SELECT ANY ONE)

Office address  Residential address  Permanent address

### ABOUT YOUR INCOME

\* If you are salaried Basic (monthly) Tk. Allowances (monthly) Tk. Total (monthly) Tk.

\* If you are self-employed Gross income (monthly) Tk. Expenses (monthly) Tk. Net income Tk.

Additional monthly income (if any, attach relevant documents) Source of other income

Income of spouse Tk. Others' income Tk.

e-TIN No. Old TIN No.

### REFERENCE DETAILS

#### 1st Reference

\* Reference Name \* Occupation

\* Residential Status  Owned  Family Owned  Company provided  Rented  Other Nationality

\* Relation with applicant Office / Res. Phone +88

\* Mobile No. +88 Email

\* Residential Address Area / Police Station

\* Company Name

\* Company Address



**2nd Reference**

\* Reference Name  \* Occupation

\* Residential Status  Owned  Family Owned  Company provided  Rented  Other Nationality

\* Relation with applicant  Office / Res. Phone +88

\* Mobile No. +88  Email

\* Residential Address

Area / Police Station

\* Company Name

\* Company Address

**STATEMENT MAILING ADDRESS (SELECT ANY ONE)**

E-Statements (E-Statements will be sent to the email address mentioned in the 'About Yourself' section.)

For hardcopy statement (select anyone)  Office address  Residence address

**\* BANK ACCOUNT DETAILS**

SL	Bank Name	A/C Name	A/C Type	A/C No.	A/C Since
1					
2					

**ABOUT YOUR BANK LOAN ACCOUNTS**

SL	Bank Name	A/C Name	Account No.	A/C Type	Disb. Amount	Instalment Amount	Outstanding Amount
1							
2							

**DETAILS OF OTHER CREDIT CARDS**

SL	Bank Name	Client ID	Card Number		Credit Limit		Card Type	Member Since
			first 06 digits	last 04 digits	BDT	USD		
1							Secured / Unsecured	
2							Secured / Unsecured	
3							Secured / Unsecured	

**SECURITY DETAILS (APPLICABLE ONLY FOR SECURED CARDS AGAINST FD/RFC/ERQ/DPS etc.)**

SL	Security Type	Beneficiary	Rate	A/C / Instrument No.	Bank Name	Issue Date	Face Value	Present Value
1								
2								

**STANDING INSTRUCTION FACILITY (SI). (THIS SECTION IS ONLY FOR CBL ACCOUNT HOLDER)**

\*Monthly payment  Yes, I would like to have my City Bank's account automatically debited each month for payment of my Credit Card dues as follows:

Minimum amount due  100% of current balance **Note:** \* If this is left blank, your account will be debited for the minimum amount due

City Bank Account No.1 for BDT

Account No.2 for USD

Branch name

*Signature*

**SUPPLEMENTARY CARD APPLICATION NO.1 (ENJOY TWO COMPLIMENTARY SUPPLEMENTARY CARDS)\***

Mr.  Ms.  Mrs.  Other Gender  Male  Female

Name of Supplementary Card applicant:

(as in passport/NID)

Name of Supplementary Card applicant as you would like it to appear on the card

(leave one space between names and do not use title or nickname)

National ID No.  Nationality

Relationship with the Primary Card applicant  Spouse  Parent  Sibling  Child  Other

Please Specify

Passport No.

\* For City Bank American Express Platinum Credit Card two (2) Supplementary Cards are complimentary and for all other City Bank American Express Credit Cards, One (1) Supplementary Card is complimentary.



**SUPPLEMENTARY CARD APPLICATION NO.1 (CONTD.)**

Date of Birth    Place of Birth  Occupation

Father's / Spouse's Name  Mother's name

Resident / Office Address

Area / Police Station  District / City  Post Code

Would you like to set up a spending limit to your Supplementary Card?  Yes **If yes**   % of local Credit limit and Email ID

No   % of USD Credit limit Mobile No. +88

**SUPPLEMENTARY CARD APPLICATION NO. 2**

Mr.  Ms.  Mrs.  Other **Gender**  Male  Female

**Name of Supplementary Card applicant:**  
*(as in passport/NID)*

**Name of Supplementary Card applicant as you would like it to appear on the card**  
*(leave one space between names and do not use title or nickname)*

Nationality  National ID No.

**Relationship with the Primary**  Spouse  Parent  Sibling  Child  Other

Passport No.

**Card applicant**

Date of Birth    Place of Birth  Occupation

Father's / Spouse's Name  Mother's name

Resident / Office Address

Area / Police Station  District / City  Post Code

Would you like to set up a spending limit to your Supplementary Card?  Yes **If yes**   % of local Credit limit and Email ID

No   % of USD Credit limit Mobile No. +88

**PHOTO**

<p>Primary Card Applicant</p> <p>Please attach recent color passport size photograph in this box, write your name on the back of the photograph.</p>	<p>Supplementary Card Applicant No. 1</p> <p>Please attach recent color passport size photograph in this box, write your name on the back of the photograph.</p>	<p>Supplementary Card Applicant No. 2</p> <p>Please attach recent color passport size photograph in this box, write your name on the back of the photograph.</p>
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**SIGNATURES**

Sign within area, use black ink only

<div style="border: 1px dashed black; width: 150px; height: 40px; margin: 0 auto;"></div> <p>Primary Card Applicant</p>	<div style="border: 1px dashed black; width: 150px; height: 40px; margin: 0 auto;"></div> <p>Supplementary Card Applicant No. 1</p>	<div style="border: 1px dashed black; width: 150px; height: 40px; margin: 0 auto;"></div> <p>Supplementary Card Applicant No. 2</p>
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**SUPPLEMENTARY CARD APPLICANT DECLARATION**

I, the Supplementary Card applicant, agree to be jointly and separately liable to all transactions processed by the use of the Card applied for and issued by CBL to the Primary Card applicant and/or to myself, and to be bound by all the terms and conditions of the Bank's Credit Card Agreement.

\_\_\_\_\_  
Signature of Supplementary Card Applicant No. 1      Signature of Supplementary Card Applicant No. 2      Date



**PRIMARY CARD APPLICANT DECLARATION**

I, hereby, apply for American Express® 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, hereby, authorize The City Bank Limited to verify any information from whatever sources it may consider appropriate. I accept that The City Bank Limited is entitled in its absolute discretions 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 usage of the Primary Card and/or Supplementary Card(s) if any, issued on my account shall be deemed as an acceptance of the Terms and Conditions of this document, website (which may be amended from time to time) and other official correspondence communicated to me (as elaborated hereinbelow) accompanying the Card.

Upon approval, I agree to pay the prevailing fees. By signing the application and/or activating and/or using the card, I agree to be irrevocably and conclusively bound by the Terms and Conditions as mentioned in the Bank's official website, account opening form (AOF), Most Important Documents provided to me and any other official correspondence communicated to me through various mediums, including, but not limited to through my registered email and/or SMS in my registered number and/or through post service in my registered address. I acknowledge and accept that the Terms and Conditions referred hereinabove is subject to change from time to time at Bank's discretion and I undertake to keep myself updated with and bound by the latest Terms and Conditions communicated to me from time to time. When requested, I authorize The City Bank Limited to issue Supplementary Card(s) for use on my account to the person(s) named whom I undertake is over 18 years of age, and is a resident of Bangladesh, and is bound by all the Terms and Conditions mentioned hereinabove 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 old, I, hereby, undertake that the use of such Card shall be made under my supervision and control. I, hereby, agree to indemnify The City Bank Limited against loss, damage, claim, liability or cost incurred by the Bank on account of any breach by me or by the Supplementary Cardmember(s) of the aforesaid Conditions or any other Terms and Conditions contained in the Bank's this document, Website, AOF or communicated through any other official medium as stated above or by reason of any legal disability or incapacity of the Supplementary Card member. I also understand that the Supplementary Card fees shall be billed in my statement and it shall be my primary responsibility to honor all charges incurred on the Supplementary Card. The continuation of the membership of the Supplementary Cardmember(s) shall be dependent on the continuation of my membership.

I am also aware that City Shield Insurance Coverage is available for me - being the Primary Cardmember - with THE CITY BANK AMERICAN EXPRESS® CREDIT CARD. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Protection Scheme. Being aged between 18 and 75, I agree unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance program automatically upon opening of my Credit Card account and I understand that this insurance is not applicable to the consequence of a sickness or of an accident incurred prior to my enrollment in the Insurance Scheme. I, hereby, authorize the Insurance Company to verify information in relation with the Insurance Scheme from whatever sources it may consider appropriate.

I, hereby, agree that all statements whether through e-statement service or other means of transmission sent by the Bank for my THE CITY BANK AMERICAN EXPRESS® CREDIT CARD shall be accepted and upheld by me as correct and authentic. I declare that I shall not raise any objection against that Bank on its agreeing to the same and I, fully accept the risk and responsibility of statements transmitted by the Bank. The Bank does not warrant against any external factors affecting the privacy and/or security of email during internet transmission. I, also, agree to keep the Bank indemnified against all actions, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of so accepting my request by the Bank and transmitting statements and information through email. I assure the Bank that I shall inform in writing of any change in my email address or any request for discontinuation of this facility to Cards Division, The City Bank Limited, Al Amin Center (9th Floor) 25/A Dilkusha C/A, Dhaka -1000. The Bank shall not be liable or responsible for data corruption, delay and/or interception of the information so given and the Bank reserves the right to update every such information from time to time and at any time.

I am also aware that if I am applying for a Co-Brand Card (mentioned as "other" of the Application form section "About your Application") accepting this declaration authorizes the Bank to share my details with the Co-Brand Partner (affiliated partner to introduce the card). I understand once the information is shared it shall become proprietary of the loyalty program (if any) to the extent required for the purpose of managing the program.

I/We, hereby, declare that I/we shall be under strict obligation to make the Card Dues/Outstanding repayment immediately otherwise the Bank may take appropriate legal action against me/us. The Bank may also exercise its right of lien and set off to appropriate and adjust any or all deposits maintained by me/us with the Bank.

I, hereby, undertake to the Bank that I shall notify the Bank at least one month before renewal of my Card or discontinuation of the same.

**DEMAND PROMISSORY NOTE**

Taka             Date            Place

I promise to pay on demand to The City Bank Limited or order the sum of BDT ..... Taka ..... only). For value received with interest at the rate of ..... percent per annum with monthly rates, or at such rate as may be fixed by The City Bank Limited from time to time.

**CARD CHEQUE APPLICATION**

Do you want AMERICAN EXPRESS® CARD Cheque Book?  Yes  No

**INSURANCE DECLARATION IN CARD APPLICATION (Primary Card Applicant's Declaration)**

I am aware that City Shield Insurance Coverage is available for me being the primary Cardmember with the City Bank American Express® Credit Card. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Insurance Scheme. Being aged between 18 and 75, I agree, unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance Program automatically upon opening of my Credit Card account and I understand that this Insurance is not applicable to the consequences of a sickness or of an accident incurred prior to my enrollment in the insurance scheme and if my Card account becomes overdue for two (2) months.

I, hereby, authorize the Insurance company to verify the information in relation with this Insurance Scheme from whatever sources it may consider appropriate.

**CITY SHIELD INSURANCE COVERAGE**

I/We hereby assign the benefits of City Shield Insurance to-

**Name of Beneficiary (ies) and percentage Share of Benefits**

SL	Name of Beneficiary	Benefit % Relation
1		
2		

**CARDMEMBER'S DECLARATION ON THE RIGHT TO SET OFF**

This declaration form will be considered as the integral part of the main Card Application Form.

(A) In addition to any general right to set-off or other rights conferred by the law of the Bank, The Cardmember agrees that the Bank may in its absolute discretion at any time and without notice combine and consolidate all or any account(s) held either individually or jointly, of the Cardmember with the Bank of whatever description and wherever located and whether in Taka or in any other currency set off or transfer any sum standing to the credit of any such account(s) including a joint account with Supplementary Cardmember in or towards discharge of all sums due to the Bank under any account(s) of the Cardmember with the Bank of whatever description or wherever located and whether in Taka or any other currency and may do so notwithstanding that the balances of such account(s) and the Cardmember hereby authorizes the Bank to offset any such combination, consolidation, set off or transfer with the necessary conversion at the Bank's prevailing exchange rates which shall be determined by the Bank at its absolute discretion.

(B) For the purpose of enabling the Bank to preserve intact the liability of any party including the Cardmember once a Write or Summon has been issued or to prove the bankruptcy or insolvency of the Cardmember or for such other reasons as the Bank deems fit, the Bank may at any time on place and keep for such time as the Bank may think prudent any monies received, recovered or realized here under or under any other Security or Guarantee to the credit of the Cardmember as the Bank shall deem fit without any intermediate obligation on the part of the Bank to apply the same or any part thereof in or towards the discharge of the sums due and owing to the Bank.

(C) I,  am confirming that currently I am not a defaulter of any bank's or any financial institution's.

\_\_\_\_\_  
Signature of Primary Card Applicant

\_\_\_\_\_  
Date

