

Quotation Number
(For Bank Use Only)

ESD# 20190262

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 **DHAKA** App. No. ☐ Branch ☒ DST ☐ Other
* Customer Type ☒ New ☐ Existing CBL A/C ☐ Call-Sensitive Customer
Existing City Bank Card ☐ Amex ☐ Visa ☐ Amex Corporate ☐ Others ☐ N/A Campaign Name
* DSE/Employee Code **20181004** Reference Code **ESD# 20190262** Date **16 07 2020**

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) **MD. ALI HAIDER JEWEL**
কার্ড মেম্বারের নাম (বাংলায়)
Nickname * National ID No. **7326973497**

* Date of Birth **02 02 1984** * Place of Birth **COMILLA** Nationality **BD**
Name on Passport

Passport Issue Place Issue Date Expiry Date

Passport No. Other Documentation

* Marital Status ☐ Single ☒ Married ☐ Divorced Is spouse employed? ☐ Yes ☐ No * No. of dependents **03**
* Educational Qualification ☐ Post Graduate ☒ Graduate ☐ HSC ☐ Other

* Contact No. +88 **01819826203** Email **hiramonigold6203@gmail.com**

* Father's Name **MD. BAZLUR RAHMAN**

* Mother's Name **MOST. ROJJOBAN**

* Spouse's Name **AFROZA PARVIN**

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) **MD. ALI HAIDER**

* Car Ownership ☒ Owned ☐ Parents ☐ Office provided ☐ Nil Number of Cars **01**

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

* 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 **H#54, DOBADIA, MOLLA BARI, UTTARKHAN**

If rented, rental per month in Tk.

Nearest Landmark

* District / City **DHAKA** * Post Code **1230** * Area / Police Station **UTTARKHAN**

* Residence Phone No. * No. of month(s) at current address **20Y**

colored application form
for card
BRG/27.4.23

Your Permanent Address
(as in passport)

VOLAIN, ADRA NANGOLCOAT, COMILLA

Area / Police Station

Nearest Landmark

District / City

DHAKA

Post Code

Permanent Phone No.

ABOUT YOUR WORK

* You are

☐ Salaried

☐ Self-employed

☒ Businessman / Industrialist

☐ Land Owner

* Company Name

HIRA MONI JEWELLERS (2)

Nature of Business

* Employment Status

☐ Permanent

☐ Contractual

☐ Part-Time

* Date of Joining

* Designation

PROPRIETOR

Department

Employee
ID No.

* Office Address

90, L.K PLAZA, SHOP#102,104, DHAKHIN KHAN BAZAR, UTTARA

* Area / Police Station

* District / City

DHAKA

* 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

10y

Mode of Sales
(For Businessman)

Cash

%

Credit

%

* Work experience in current organization in month(s)

10y

No. of Employees

persons

Office Premises Status

☐ Owned

☐ Rented

☐ Leased

☐ Other

Business establishment date
(if self employed)

No. of months with current organization

10y

Business Figures
(For Businessman)

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.

300000f

* 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. 780139862720

Old TIN No.

REFERENCE DETAILS

1st Reference

* Reference Name

ABDUL BATEN

* Occupation

Service

* Residential Status

☐ Owned

☐ Family Owned

☐ Company provided

☒ Rented

☐ Other

Nationality

BD

* Relation with applicant

NEPHEW

Office / Res. Phone +88

* Mobile No.

+88 01836509581

Email

* Residential Address

ANUMITA TOWER (1st Floor) DAUDKANDI, COMILLA

Area / Police Station

* Company Name

ISLAMIC BANK

* Company Address

GORIPUR BRANCH, DAUDKANDI, COMILLA

Sub

2nd Reference

Reference Name **MD. SHAHABUDDIN** Occupation **Business**

Residential Status ☐ Owned ☐ Family Owned ☐ Company provided ☒ Rented ☐ Other Nationality **BD**

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

Mobile No. +88 **01973470535** Email

Residential Address **Molla Bari, DOBODIA, DAKINKHAN**
Area / Police Station **Dakin Khan**

Company Name **HIRA JEWELLERS.**

Company Address **90, L.K PLAZA, SHOP NO #102, DHAKHIN KHAN BAZAR**

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						
2						
3						

SECURITY DETAILS (APPLICABLE ONLY FOR SECURED CARDS AGAINST FD/RFCD/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 **2302424318001**

Account No.2 for USD

Branch name

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

☐ Mr. ☐ Ms. ☒ Mrs. ☐ Other Gender ☒ Male ☐ Female

Name of Supplementary Card applicant: **AFROZA PARVIN**

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

National ID No. **19892619676146618** Nationality **BD**

Relationship with the Primary Card applicant ☒ Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Other

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.

PLEMENTARY CARD APPLICATION NO.1 (CONTD.)

Date of Birth
 Father's /
 Spouse's Name
 Resident / Office
 Address

28 09 1989 Place of Birth DHAKA
 ALI HOSSAIN
 SAME AS PRIMARY Applicant

Mother's name

Occupation House wife
 ROKEYA HOSSAIN

Area / Police Station

District / City

Post Code

you like to set up a
 ng limit to your
 mentary Card?

☐ Yes

If yes

% of local Credit limit and

Email ID

hiramoni.gold6203@gmail.com

☒ No

% of USD Credit limit

Mobile No.

+88 01819826203

PLEMENTARY CARD APPLICATION NO. 2

☐ Mr.

☐ Ms.

☐ Mrs.

☐ Other

Gender

☐ Male

☐ Female

of Supplementary

applicant:

spouse/NID)

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

(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.

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

you like to set up a
 g limit to your
 mentary Card?

☐ Yes

If yes

% of local Credit limit and

Email ID

☐ No

% of USD Credit limit

Mobile No.

+88

0



Supplementary Card Applicant No. 2

Please attach recent color
 passport size photograph in this
 box, write your name on the back
 of the photograph.

TURES

in area,
 ink only

Primary Card Applicant

Supplementary Card Applicant No. 1

Supplementary Card Applicant No. 2

EMENTARY CARD APPLICANT DECLARATION

plementary Card applicant, agree to be jointly and severally liable to all transactions processed by the use of the Card applied for and issued by CBL to the Primary
 icant 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

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 the Bank's Credit Card Agreement (which may be amended from time to time) 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 bound by the terms and conditions as mentioned in the Bank's THE CITY BANK AMERICAN EXPRESS® CREDIT CARD agreement. 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 agree that you may provide information to him/her about the account. In case the Supplement 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 against loss, damage, 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 THE CITY BANK AMERICAN EXPRESS® CREDIT CARD Agreement 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 enroll 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 (8th 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 loan 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 indemnify 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

16.07.2020