

For prompt processing of your application please:

- Use CAPITAL LETTERS
- Tick (✓) boxes as appropriate and write N/A where not applicable to you
- Complete all sections of the application form
- Countersign all changes or corrections you make
- CPR & Passport (with Residence Visa page for expatriates)
- Any correspondence will be mailed to the Primary Cardholder's address.

## 1 About yourself

Gender  Male  Female  
 Mr.  Dr.  Mrs.  Ms.  Others \_\_\_\_\_

Your Full Name as per your Passport / CPR

F	I	R	S	T															
M	I	D	D	L	E														
L	A	S	T																

Please write your name as you would like it to appear on the Card (including spaces)

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Date of Birth 

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No. of years resident Bahrain (for non-Bahrainis) 

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 Nationality \_\_\_\_\_

Passport Number (mandatory for expats) 

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Expiry Date 

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Visa No. 

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Expiry Date 

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CPR Number/Other ID Number (For GCC Nationals) 

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Expiry Date 

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Resident in Bahrain  Yes  No

Marital Status  Married  Single  Other \_\_\_\_\_

### Your relationship to the Primary Cardholder

Spouse  Parent  Sibling  Child  
 Others (Please Specify) \_\_\_\_\_

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

## 2 About your residence

Flat/Villa No. \_\_\_\_\_ Building No. \_\_\_\_\_

Road No. \_\_\_\_\_ Block No. \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Post Code/PIN (where applicable) \_\_\_\_\_

No. of years at current address \_\_\_\_\_

### Contact Details

Mobile 

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Home 

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Office 

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E-mail Address (One address only) 

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## 3 About your work

### Employment Details

Employed  Self-employed  
 Student  Retired  Not Employed

Company Name 

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Nature of Business \_\_\_\_\_

Occupation/Designation \_\_\_\_\_

Department \_\_\_\_\_

C.R.No.(if self employed) 

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 Business establishment Date (if self employed) 

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Address of Business \_\_\_\_\_

No. of Months with Current Organisation 

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### 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)

## 4 Primary Cardholder Details / Declaration

Primary Cardholder's Card number 

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Passport Number/CPR Number 

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Date of Birth 

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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 15 years of age, and agree that you may provide information to him/her about the account. In case the Supplementary Card applicant is between 15 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.

Primary Cardholder's signature \_\_\_\_\_

Date 

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**5 For Bank Use Only**

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

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

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

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

Sales Code \_\_\_\_\_

Comments/Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date

D	D
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M	M
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Y	Y	Y	Y
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**Standard Chartered Bank**

Building No. 180, Government Avenue  
Manama 315

Tel: 17 223 636, Fax: 17 225 001

**Branches**

**Manama (Main Branch)**

Building No. 180, Government Avenue  
Manama 315

Tel: 17 223 636, Fax: 17 225 001

**Budaiya**

Najibi Centre, Building No. 3  
Saar Avenue, Saar 515

Tel: 17 690 088, Fax: 17 690 016

**Hidd**

Lulu Hypermarket, Building No. 166  
Road No. 3, Block 109

Tel: 17 343 388, Fax: 17 344 476

**West Riffa**

Al Haneen Plaza, Building No. 767  
Road No. 1221, Block 912

Tel: 17 771 744, Fax: 17 777 181

**24 hour Phone Banking 17 531532**