

Supplementary Credit Card Application Form

Take a printout of this form, complete and mail it to:

American Express Bank Ltd, Travel Related Services. Post Box No. 347, Connaught Place, New Delhi - 110001

☐ YES, I would like Supplementary Credit Card(s). (Supplementary Credit Cardmembership is available for your dependent family members above 18 years of age.)

Please fill in capital letters

Name of Basic Credit Cardmember: _____

First	Middle	Last

AMERICAN EXPRESS CARD ACCOUNT NUMBER:

3	7	6	9
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3					
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Supplementary Credit Card 1

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Others: _____
(Please specify)

First	Middle	Last

Name as desired on the Card (Leave one box blank between names)

Sex ☐ Male ☐ Female

Date of Birth:
DD MM YY

His/Her relationship to me: _____

Supplementary Credit Card 2

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Others: _____
(Please specify)

First	Middle	Last

Name as desired on the Card (Leave one box blank between names)

Sex ☐ Male ☐ Female

Date of Birth:
DD MM YY

His/Her relationship to me: _____

Cardmember Undertaking

I/We, the undersigned, warrant that the above information is true and correct and by signing this form, I/we above ask that American Express Credit Card Account(s) be opened for me/us and for Credit Cards to be issued as requested (including renewal and replacement Cards).

I/We authorize American Express Bank Ltd., Travel Related Services ("AEBL, TRS") to verify information in this application and to receive and exchange information about me/us, including requesting reports from my/our Bank, consumer credit or reference schemes. I/We authorize AEBL, TRS and its affiliates to contact these sources for information at any time, to use information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other.

I/We agree to be bound by the Terms and Conditions of use, which will accompany the Credit Card(s), when issued.

I/We declare and undertake that the Credit Cards issued to me/us, if used overseas, shall be utilised strictly in accordance with the relevant exchange control regulations issued and as amended by the Reserve Bank of India (RBI) from time to time. In the event that I/we exceed my/our entitlements as per the exchange control guidelines of the RBI, we undertake to bring the same immediately to the notice of AEBL, TRS in writing. Further, I/we also agree and understand that if I/we are required to get my/our passport endorsed for any charges incurred by me/us as stipulated by RBI, the onus of getting my/our passport endorsed shall lie entirely on me/us. And in the event of any failure to comply with the prevailing exchange control guidelines issued by RBI by me/us, I/we shall be liable for any action under the Foreign Exchange Regulation Act, 1973 / Foreign Exchange Management Act, 1999 as amended and be debarred from the Credit Card facility either at AEBL, TRS's instance or by the RBI.

I/we understand that at my/our request, AEBL,TRS would not be sending any physical copy of our Statement of Card Account if I/we are issued the Credit Card. Instead, I/we authorize AEBL,TRS to post my/our Statement of Account on the American Express website and it will be my/our responsibility to view the statement every month on the date intimated to me/us.

I/We understand that the Basic Credit Cardmember will be liable for all charges incurred with the Basic Credit Card and any Supplementary Credit Card. The Supplementary Credit Cardmember accepts joint and several liability for all charges incurred on the Supplementary Card issued to him/her.

I/We understand that American Express Bank Ltd., TRS may decline this application at its sole discretion.

Basic Credit Cardmember	Supplementary Credit Card Applicant 1	Supplementary Credit Card Applicant 2
Signature _____ Date: _____	Signature _____ Date: _____	Signature _____ Date: _____



This form has been downloaded from the internet.

Cards

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