najm

NAJM JCB SUPPLEMENTARY CREDIT CARD APPLICATION FORM

Please complete all sections. Tick ✔ boxes as appropriate. Use block letters.

Primary Card No. 3 5 6 4 ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name of the Cardmember: _____

Passport No. _____ Mobile No. _____ P.O. Box: _____

Supplementary card details

Title ☐ Mr. ☐ Mrs. ☐ Miss

Full name of supplementary card applicant (as per passport) _____

Name as you would like it to appear on the card (no nicknames)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of birth ____ / ____ / ____
DD MM YYYY

Supplementary applicant passport copy required along with the original application form

Relationship with Cardmember ☐ Spouse ☐ Child ☐ Parent ☐ Brother ☐ Sister

Card design ☐ Liquid Star ☐ Stained Glass ☐ Starfish

Contact No. _____

Mother's maiden name (a security feature) _____

Allocate spending limit _____% of primary card limit.

Liquid Star

Stained Glass

Starfish

For MAF JCB use only

Source code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Supplementary disclaimer

When requested by me, I authorize MAF JCB to issue Supplementary Card(s) for use on my account to any person(s) named in such request, who I undertake is/are over 18 years of age. I agree that MAF JCB may provide information to such person(s) about the card account. I herby undertake that the use of any Supplementary Card issued under my account shall be made under my supervision and control and the use of the Supplementary Card by the Supplementary Cardmember shall be deemed as a use by me. I hereby agree to indemnify MAF JCB against any loss, damage, liability or costs incurred by MAF JCB on account of any breach by me or the Supplementary Cardmember(s) of the Terms and Conditions or of any legal disability or incapacity of the Supplementary Cardmember(s) in relation to the use of the Card. I also acknowledge that the Supplementary Card fees will be billed directly to me. I undertake to honor the obligation to pay such fees and all charges incurred on, and/or payments made using the Supplementary Card during the validity of the Supplementary Card and irrespective of whether the Supplementary Card is not renewed thereafter. The continuation of the validity of the Supplementary Card shall be dependent upon the validity of my Card and shall expire or be cancelled on the same date as the Primary Card.

Signature of primary applicant _____ Date _____

MAJID AL FUTTAIM
JCB FINANCE

Please send to Majid Al Futtaim JCB Finance L.L.C, P. O. Box 88554, Dubai, UAE. Tel. No. 04 316 0363.