Aseel
Islamic Finance

Supplementary Card Request Form

- You can apply for a maximum of 9 supplementary cards
- Free for up to 6 supplementary cards. All supplementary cards after the first 6 will be charged at AED 50 per supplementary card.
- The nominated person should have a valid visa from the SAME company (if relationship is as employer). Please enclose copy of supplementary cardholder's passport with visa page.

Please fill in the form and email it (along with supporting documents) to AslCardOps@fgb.ae.

Tick as applicable

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: Please specify _____

Please state the name of Supplementary Card applicant as in the passport

Please use capital letter

Customer Name: _____

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

Leave one space between names

Please use capital letters (19 characters maximum)

Relationship: ☐ Partner ☐ Employee

Supplementary Card Applicant's Date of Birth: _____/ _____/ _____
DD MM YY

Supplementary Card Applicant's Mother's Maiden Name:

Supplementary Card Applicant's Mobile Number: _____

Please indicate the percentage of your credit card limit/amount you would like to set for the Supplementary Card:

☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 10% or Amount: AED _____

Primary (Key Contact Person) Cardmember's Declaration

I hereby apply for the issue of a Aseel Finance Supplementary Credit Card and confirm that the information provided in this application is true and correct and undertake to advise Aseel Finance about any subsequent changes in respect thereto. This information may, at Aseel Finance's sole discretion, be verified from whatever sources Aseel Finance considers appropriate.

I further agree and declare that Aseel Finance is fully entitled to accept or reject this application at its sole discretion without assigning any reason and that the acceptance of this application shall be deemed as acceptance of the Terms and Conditions of Aseel Finance's Credit Card Agreement, which I confirm, having read and fully understood it is my responsibility to pay all prevailing fees, if any, for issue of the Supplementary Card. The Supplementary Card fees, if any, shall be debited to my account and billed in my statement, and it shall be my responsibility to honour all charges incurred on the said Card. The continuation of the membership of the Supplementary Card member shall depend on the continuation of my membership.

I also confirm and acknowledge that I shall be fully responsible for any card applied for by me and hereby absolve Aseel Finance from any such liability based on the information of the Supplementary Card Applicant. While Aseel Finance uses its best endeavors to ensure that the Credit Limit on the Supplementary Card is adhered to, should the card system permit the Supplementary Card member to exceed the credit limit agreed upon, I, as a Primary Card member, shall be liable for the additional spending to the full extent of the balance.

I further agree to indemnify Aseel Finance against any loss, damage, liability or cost incurred by Aseel Finance on account of any breach by me or the Supplementary Card member of this Declaration, or any other Terms and Conditions contained in Aseel Finance's Credit Card Agreement, or by reason of any legal disability or incapacity of the Supplementary Card member.

Primary (Key Contact Person) Card Number

Key Contact Person Name: _____

Key Contact Person's Signature: _____

Terms and conditions apply.

For Official Use Only:

Request received by: _____ Date request received: _____/ _____/ _____
DD MM YY

Request processed by: _____ Date request processed: _____/ _____/ _____
DD MM YY