

Request for Supplementary Credit Card

Title: Mr / Mrs / Miss _____

Last Name _____

Maiden Name (if applicable) _____

First Name(s) _____

ID Card Number _____

Date and Place of Birth _____

Nationality _____

Marital Status _____

Permanent Address _____

Email Address _____

Relationship with Principal Applicant _____

Name to appear on card (max. 21 characters) _____

Mother's maiden name _____

Signature (Supplementary cardholder) _____ Date _____

I, the undersigned, _____ holder of a _____ card bearing number _____ authorise AfrAsia Bank Limited to issue a card in favour of the above named person (aged more than 18), and take the responsibility for the payment of all expenses incurred through the credit card.

Signature (Main cardholder) _____ Date _____

FOR BANK USE ONLY

Received On _____	Approved by _____
Application No: _____	(Approval attached, where applicable)
CIF No: _____	Verified by _____