

CUSTOMER APPLICATION FORM

Supplementary Credit Card, Cash Transfer and Balance Transfer

Name as you would like it to be shown on the supplementary credit card:

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(maximum 21 characters including spaces)

Supplementary card to share the full limit with Primary card.

I want to restrict the supplementary card purchase limit to AED _____ and Cash Limit to AED _____ whereby purchase limit and cash limit are independent.

(Note: The total credit limit on the supplementary credit card (s) will be the aggregate amount of the purchase limit and the cash limit.)

In consideration of the Bank issuing a Supplementary Card as requested above, I hereby acknowledge and agree to the following that:

- a) The Terms and Conditions shall apply mutatis mutandis to the Supplementary Cardholder.
- b) All capitalized Terms and Conditions shall have the meaning as defined in the Credit Card Terms and Conditions document.
- c) The Credit Limit on the Supplementary Card will be shared with the Credit Limit on the Primary Card.
- d) I will be liable for all transactions made by the Supplementary Cardholder using the Supplementary Card, and I undertake to pay for all such transactions and agree that it will form part of the Outstanding Liability.
- e) The validity of Supplementary Card shall be concurrent with the validity of Primary Card, unless cancelled earlier.

In case the Supplementary Cardholder is below the age of 21 years, I consent and authorize all the transactions that will be done on the card by the Supplementary Cardholder as if these transactions were done by the undersigned.

Cash Transfer

Tenor in Month 6/12/24/36

Applicant Name:

CBI Credit Card																					
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I wish to avail the Cash Transfer Facility on my CBI credit card. My desired amount is AED _____ for a tenor of _____ months, at a monthly flat interest rate of _____ %.

I understand and agree that the minimum amount for Cash Transfers is AED 2,000/-, the maximum Amount can go up to 90% of the approved credit limit but is subject to the bank's approval.

Please transfer the approved amount to my bank account at _____ (bank) with account number (only for CBI account holders) / IBAN _____

**Minimum salary of the customer should be more than AED 10,000/- as per the OCB
Maximum amount 90% including interest and processing fee**

CUSTOMER APPLICATION FORM

Supplementary Credit Card, Cash Transfer and Balance Transfer

Balance Transfer

Revolving Balance Transfer (Tenor in Month 3/6) EMI Balance Transfer (Tenor in Month 6/12/24/36)

Applicant Name:

CBI Credit Card													
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I wish to avail the Balance Transfer Facility on my CBI credit card. My desired amount is AED _____ for a tenor of _____ months. I understand and agree that the minimum amount for Balance Transfers is AED 2,000/-, the maximum amount can go up to 90% of the approved credit limit but is subject to the bank's approval. Please transfer the approved amount to my credit card issued by the banks as indicated below:

Bank Name	Card No

Note: Processing fee for 6 months revolving balance transfer and EMI Balance Transfer is 1%

Revolving BT = 0% Balance Transfer within the first 6 months from the date of card issues

Maximum amount 90% including interest and processing fee

Terms and Conditions

1. By signing this application, I hereby request Commercial Bank International PJSC (Bank) to grant me the aforementioned credit facilities.
2. I hereby confirm that the documents, including all information given to the Bank through the Bank's online tablet computer or otherwise are accurate and not misleading. I acknowledge and accept that I have read, understood and agreed to the terms and conditions of the Bank's credit facility agreement (CFA).
3. In consideration of the Bank agreeing to grant me with the aforementioned facility, I hereby agree and undertake to pay the Bank the amounts borrowed together with all applicable interest and charges within the agreed tenor(s) and in the manner applicable and hereby authorize you to debit any of my accounts held with the Bank for the same plus your interest and charges.
4. I acknowledge, agree and accept that the provisions of the CFA, together with any other mandates and amendments of the CFA. I agree once this application is signed by me, it shall be considered as an integral part of the CFA and the Bank is entitled at its absolute discretion to accept or reject the application without assigning any reasons whatsoever.
5. Your Right to Cancel: The cooling-off period grants you the right to cancel the product within five (5) business days from the date of signing the application or offer letter. You may terminate the agreement during this period without incurring any penalties, and the bank will refund any fees charged during this time. To exercise your right to cancel, you must notify the bank and settle any outstanding balance on your card. Please note that cancellation will not be permitted if there is an outstanding balance on the card.

Waive Cooling- off Period Yes No

If yes you have selected 'Yes' above and hereby agree to waive your rights to cooling off period and that you will lose your right to cancel the Credit Card.

Applicant Signature

Date