

Customer Application Form Supplementary Credit Card, Cash Transfer and Balance Transfer

A. Supplementary Credit Card

I, the undersigned, hereby request Commercial Bank International PSC ("Bank") to issue a Supplementary Credit Card, in accordance with the Credit Card Terms and Conditions ("Terms and Conditions"), to the person named below for the use of my credit card account:

Primary Member Number (6 digits mentioned under your card number): _____

Primary Card Number:

						X	X	X	X	X	X			
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Primary Card Holder Name: _____

Supplementary Card Applicant 1:

Title: ☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____

Mobile No:

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Date of Birth: _____ Nationality: _____

Passport No: _____ Expiry Date: _____

Relationship:

☐ Spouse ☐ Parent ☐ Child ☐ Sibling

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)

Supplementary Card Applicant 2:

Title: ☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____

Mobile No:

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Date of Birth: _____ Nationality: _____

Passport No: _____ Expiry: _____

Date: _____

Relationship: ☐ Spouse ☐ Parent ☐ Child ☐ Sibling

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:

- The Terms and Conditions shall apply mutatis mutandis to the Supplementary Cardholder.
- All capitalized Terms and Conditions shall have the meaning as defined in the Credit Card Terms and Conditions document.
- The Credit Limit on the Supplementary Card will be shared with the Credit Limit on the Primary Card.
- 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.
- 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.

B. Cash Transfer

Primary Card Holder Name: _____

CBI Credit Card Number:

						X	X	X	X	X	X				
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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) / Bank A/c Number _____

Note:

- Processing fee for cash transfer is 1% of cash transfer amount
- Minimum salary for cash transfer is AED 10,000/-
- Maximum amount 90% including interest and processing fee
- Available tenors for the cash transfer program are 6, 12, 24 or 36 Months only

C. Balance Transfer

☐ Revolving Balance Transfer (Tenor 3/6)

☐ EMI Balance Transfer (Tenor 6/12/24/36) Primary

Card Holder Name: _____

CBI Credit Card Number:

						X	X	X	X	X	X				
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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 Number

Note:

1. Processing fee for 6 months revolving balance transfer and EMI Balance Transfer is 1%
2. Revolving BT = 0% Balance Transfer within the first 6 months from the date of card issued
3. Maximum amount 90% including interest and processing fee

Terms and Conditions

1. By signing this application, I hereby request Commercial Bank International PSC (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.

Signature:	Customer Name:
	Date: