AFRASIA
bank different

Request for Gold or Titanium Supplementary Credit Card

CARD TYPE : ☐ GOLD ☐ TITANIUM

Title: Mr / Mrs / Miss _____

Last Name _____

Maiden Name (if applicable) _____

First Name(s) _____

NIC / Passport Number _____

Date and Place of Birth _____

Nationality _____

Marital Status _____

Permanent Address _____

Phone Number : Home: _____ Mobile: _____ Office: _____ Fax: _____

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 OFFICE USE ONLY

Received On _____

Application No: _____

CIF No: _____

Approved by _____
(Approval attached, where applicable)

Verified by _____