

About your residenceYour Residential Status Owned Company provided Rented Other _____

Residential Address _____

City _____ Post Code _____ No. of years at current address Year _____ Month _____

Your contact details (tel/fax/email)

Office phone no. _____ Ext. no. _____ Fax _____ Mobile/ Pager _____

Residence phone no. _____ Other _____ E-mail _____

Your permanent address _____

Name of your friend or relative in Bangladesh _____

His/Her contact address _____

Relationship with the person _____

Phone no. Res _____ Office _____ Ext. no. _____ Mobile _____

About your workYou are Salaried Self-employed Both Student Retired If other (Please specify) _____

Company name _____

Nature of business _____ Designation _____

Department _____ Employee ID no. _____

About your work (contd.)

Office address _____

City _____ Post code _____ Phone _____

Business establishment date (if self employed)

d	d	m	m	y	y	y	y
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No. of months with current organization _____

Name of previous organization _____

Total work experience in months _____

About your income

If you are salaried:

Basic (monthly) Tk. _____ Allowances (monthly) Tk. _____ Total monthly salary Tk. _____

If you are self-employed:

Gross income (monthly) Tk. _____ Expenses (monthly) Tk. _____ Net income Tk. _____

Additional monthly income (if any, attach relevant documents) :

Source of other income _____ Income of spouse Tk. _____

Others' income Tk. _____ TIN _____

Statement mailing address (select any one)

E - Statements:

Your monthly statements will be sent in the form of e-statements:

(provide e-mail address)

For Printed statement (select any one) :

 1. Office address 2. Residence address

Supplementary Card Applicant Declaration

I, the Supplementary Card applicant, agree to be jointly and separately liable to all transactions processed by the use of the Card applied for and issued by CBL to the Primary Card applicant and or to myself, and to be bound by all the terms and conditions of the Bank's Credit Card Agreement.

Signature
Supplementary Applicant

Date (dd/mm/yy)

Primary Card Applicant Declaration

I hereby apply for an American Express Credit Card & declare that the information provided in this application is true and correct and I shall advise you of any changes thereto. I hereby authorize The City Bank Limited to verify any information from whatever sources it may consider appropriate. I accept that The City Bank Limited is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I acknowledge and agree that the use of the Primary Card and/or Supplementary Card(s) if any, issued on my account shall be deemed as an acceptance of the terms and conditions of the Bank's Credit Card Agreement (which may be amended from time to time) accompanying the Card. Upon approval I agree to pay the prevailing fees. By signing the application and/or activating and/or using the Card, I agree to be bound by the terms and conditions as mentioned in the Bank's AMERICAN EXPRESS CREDIT CARD agreement. Where requested, I authorize The City Bank Limited to issue Supplementary Card(s) for use on my account to the person(s) named whom I undertake is over 18 years of age, and is a resident of Bangladesh and agree that you may provide information to him/her about the account. In case the Supplementary Card Applicant is between 18 and 21 years old, I hereby undertake that the use of such Card shall be made under my supervision and control. I hereby agree to indemnify the Bank against loss, damage, liability or cost incurred by the Bank on account of any breach by me or by the Supplementary Cardmember(s) of the aforesaid Conditions or any other Terms and Conditions contained in the Bank's AMERICAN EXPRESS CREDIT CARD Agreement or by reason of any legal disability or incapacity of the supplementary Cardmember. I also understand that the Supplementary Card fees shall be billed in my statement and it shall be my primary responsibility to honor all charges incurred on the Supplementary Card. The continuation of the membership of the supplementary Cardmember(s) shall be dependent on the continuation of my membership.

I am also aware that City Shield Insurance Coverage is available for me - being the Primary Cardmember - with the AMERICAN EXPRESS Credit Card. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Protection Scheme. Being aged between 18 and 60, I agree, unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance program automatically upon opening of my Credit Card account and I understand that this insurance is not applicable to the consequences of a sickness or an accident incurred prior to my enrolment in the Insurance Scheme. I hereby authorize the insurance company to verify the information in relation with this insurance scheme from whatever sources it may consider appropriate.

I hereby agree that all statements whether through e-statements service or other means of transmission sent by the, Bank for my AMERICAN EXPRESS CREDIT CARD shall be accepted and upheld by me as correct and authentic. I declare that I shall not raise any objection against the Bank on its agreeing to the same and I fully accept the risk and responsibility of statements transmitted by the Bank. The Bank does not warrant against any external factors affecting the privacy and/ or security of e-mail during internet transmission. I also agree to keep the Bank indemnified against all actions, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of so accepting my request by the Bank and transmitting statements and information through e-mail. I assure the Bank that I shall inform in writing of any change in my e-mail address or any request for discontinuation of this facility to Card Department, The City Bank Limited, Al-Amin Centre (10th Floor), 25/A, Dilkusha CIA, Dhaka-1000. The Bank shall not be liable or responsible for data corruption, delay and/or interception of the information so given and the Bank reserves the right to update every such information from time to time and at any time.

I hereby indemnify the bank that I shall notify the bank at least one month before renewal of my card or discontinuation of the same.

Primary Card Applicant's Signature

Date (dd/mm/yyyy)

For Bank use only

Application No. Card No.
Date Credit Limit (in Taka) USD

Please Note:

- You do not have to be a City Bank Account holder to apply for an American Express Credit Card
- Enclose the following documents:
 - Photograph (2 copies)
 - Copy of Passport (First 5 pages and last 3 pages if you apply for a dual card)
 - Personal Bank Statement for last 6 months for businessman & 3 months for salaried person
 - If salaried, latest original salary certificate/pay slip
 - If self-employed, copy of Trade License/Memorandum/Articles of Association and Personal/Company Bank Statement for the last 6 months
 - Copy of TIN (Tax Identification Number) related documents
 - Copy of NID (National Identity Card) (any Photo ID when NID is not available)
- Complete all sections of the application form. Incomplete application may be delayed or cancelled

CUSTOMER DECLARATION	Yes	No
I am aware of all fees and charges applicable to the City Bank Limited's AMERICAN EXPRESS CREDIT CARD		
I am aware of the AMERICAN EXPRESS CREDIT CARD's monthly payment requirements		
I am aware that the Bank may seek to verify or confirm the validity of my information		
I have filled up the application form myself		
I have applied for AMERICAN EXPRESS CREDIT CARD without any undue influence		
I have furnished all supporting documents along with the application form		
I am aware that The City Bank Limited has the right to reject my application without assigning any reason		
I am aware that the assigning of credit limit is at the sole discretion of the Bank		
I am aware of all benefits and uses of AMERICAN EXPRESS CREDIT CARD		

Documents Submitted	Yes	No
Photo		
Salary Certificate / Payslip		
Bank Statement		
Trade License		
TIN Certificate		
Memorandum / Articles of Association		
Copy of Passport		
National ID		
Others (Please specify)		

I, _____, have read and understood the above statements and also confirm that the above declaration provided by me in this form is true and correct
 I also confirm that Mr./Ms. _____ (Card Division Official), has explained to me all the features of The City Bank Limited's AMERICAN EXPRESS CREDIT CARD

Signature

Date (dd/mm/yyyy)

CREDIT BALANCE TRANSFER FORM

American Express Credit Card Information

American Express Credit Card number Expiry date
 Credit Limit BDT USD
 Cardmember's name

Credit Card 1

Bank name
 Credit Card number Expiry date
 Credit Limit BDT Amount to be transferred (minimum BDT 10,000) BDT

Credit Card 2

Bank Name
 Credit Card number Expiry date
 Credit Limit BDT Amount to be transferred (minimum BDT 10,000) BDT
 Total amount to be transferred BDT

Please attach:

1. Copy of the other bank's Credit Card(s) front and back side
2. Copies of the last 3 months' of other bank Card(s) statements

Declaration & Signature

I hereby apply for CBL Balance Transfer facility which states that, I can transfer any outstanding amount (more than BDT 10,000 and less than 90% of my total credit limit) from any of my existing other Bank's credit card(s) to my AMERICAN EXPRESS CREDIT CARD. I declare that the information in this application form is true and correct. I also declare that the documents submitted with this application are genuine and I shall inform the Bank of any changes thereafter. I hereby authorize CBL to verify any information from whatever sources it may consider appropriate. I accept that CBL is entitled at its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I hereby affirm that I will pay all the installments of the approved amount within correct time frame and I will accept whichever amount is approved by the Bank. I also affirm that if I fail to pay any installment it will be added to my current outstanding amount and regular rate of interest will be calculated. I acknowledge and agree that upon approval of a Balance Transfer, processing fee will be charged and shall be billed in my statement and I am well aware of other fees & charges.

I irrevocably authorize and permit the Bank to disclose and furnish such information that it deems fit concerning my Balance Transfer including but not limited to this agreement to the Bank's associates, branches, assignees, agents or other parties. I also irrevocably authorize and permit the Bank to disclose information about my credit card account (if any) to any credit rating/reference agency, bank, financial institute, any Government regulatory agency or to anyone else when the Bank deems it is in its interest to do so.

Yes, I would like to take the facility of AMERICAN EXPRESS CREDIT CARD Balance Transfer program. The terms & conditions of this program are fully understood by me.

Signature

Date

For Bank Use Only

Instruction Processed by _____

Date

Instruction Checked by _____

Date

Balance Transfer will be subject to the satisfaction of the credit analyst based on the support of the income documents and Cardmember's transaction behavior.

Insurance Declaration in Card Application

Primary Card Applicant's Declaration

I am aware that City Shield Insurance Coverage is available for me - being the Primary Cardmember - with the American Express Credit Card. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Insurance Scheme. Being aged between 18 and 60, I agree, unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance program automatically upon opening of my Credit Card account and I understand that this insurance is not applicable to the consequences of a sickness or of an accident incurred prior to my enrolment in the Insurance Scheme. I hereby authorize the insurance company to verify the information in relation with this insurance scheme from whatever sources it may consider appropriate.

Primary Card Applicant's Signature

Date (dd/mm/yyyy)

City Shield Insurance Coverage

I/we, hereby assing the benefits of City Shield Insurance to-

Name of Beneficiary (ies) and
Percentage Share of Benefits

1.	Benefit % Relation:
2.	Benefit % Relation:
3.	Benefit % Relation:

Primary Card Applicant's Signature

Date (dd/mm/yyyy)

Schedule of Charges			
Particulars	American Express Credit Card (Local)	American Express Credit Card (Dual)	American Express Gold Credit Card
Annual Fee	BDT 1,500	BDT 2,000	BDT 5,000
Supplementary Card Annual Fee*	BDT 750	BDT 1,000	BDT 2,500
Card Replacement Fee	BDT 300	BDT 500	BDT 750
PIN Replacement Fee	BDT 200	BDT 300	BDT 500
Late Payment Fee	BDT 200	BDT 300 or USD 10	BDT 500 or USD 10
Cash Advance Fee (For local)**	BDT 100 or 2%	BDT 100 or 2%	BDT 100 or 2%
Cash Advance Fee (For International)***	USD 3 or 2%	USD 3 or 2%	USD 3 or 2%
Overlimit charge	BDT 300	BDT 500 or USD 15	BDT 750 or USD 15
Interest (Purchase & Cash Advance)	30%	30%	30%
Interest (Balance Transfer)	22%	22%	22%
Interest (EMI)	24%	24%	24%
Out town check collection fee	BDT 100	BDT 100	BDT 100
Check Return Fee	BDT 50	BDT 50	BDT 50
Mark up	N/A	4%	4%
City Shield Insurance Premium Per Month	0.30%	0.30%	0.30%
Statement Retrival Fees per statement	BDT 100	BDT 100	BDT 100
Cash Advance Limit	50% of Credit Limit	50% of Credit Limit	50% of Credit Limit
Balance Transfer Fee	1%	1%	1%

15% VAT is applicable for all charges

*1st Supplementary Card is Free; this charge is for second one and onwards

**Per transaction BDT 100 or 2% whichever is higher

***Per transaction USD 3 or 2% whichever is higher

1. Balance Transfer (BT) features offer American Express Cardmembers a special interest rate, applicable only on the outstanding balance transferred from other Banks' credit card(s).
2. The special interest rate is valid until the entire transferred amount is paid off.
3. Interest rate 22% per annum.
4. A processing fee @ 1% of the total transferred amount will be charged to the account.
5. To qualify as a BT applicant, you must not have paid more than 1 (one) Late Payment Fees in your other Bank's credit card(s) during the last 3 months' period.
6. A Cardmember can apply for one BT in 1 year.
7. To avail the BT facility, you must enclose copies of your other Banks' credit card(s) statement for the last 3 months.
8. The minimum that can be transferred from any other Banks' credit card account to your American Express Credit Card is Tk.10,000.
9. The maximum amount that can be transferred from any other Banks' credit card account to your American Express Credit Card is 90% of the available local currency credit limit on your American Express Credit Card as on the date of approval of your application. You can transfer balances from more than one Bank's Credit Card under the same within this limit.
10. If the amount (as mentioned in the application form) to be transferred to your American Express Credit Card exceeds 90% of the available credit limit on the date of acceptance by CBL, CBL will automatically transfer only an amount equal to 90% of your credit limit available at that time.
11. CBL shall deposit the pay order favoring the other credit card account for the approved transfer amount directly to the card issuer and send you the copy of the deposit slip for reference.
12. American Express Credit Cardmembers may request for transfer from multiple card accounts. Cardmember has to request for all such BT at the same time (which means multiple card transfer at the same time. It cannot be staggered).
13. During the BT term, the balance transferred will also be included for computing the minimum payment due, as mentioned in your Credit Card statement from CBL.
14. CBL reserves the right to decline any BT request.
15. CBL shall not be held liable for the service charges or late payment charges debited to other Bank's credit card account due to decline or delay in execution of your BT request.
16. You shall continue to make payments on your other Banks' credit card until you receive confirmation in a subsequent American Express Credit Card statement that your account with the other issuer(s) has been credited.
17. This facility cannot be availed to transfer balance from another American Express Credit Card.
18. CBL has the sole right to modify or change any of the above terms and conditions without prior notice.
19. The entire BT outstanding on the credit card (including any balances transferred) will become payable immediately upon closure of the credit card whether such closure is initiated by the Bank or by the Cardmember.