

# Application Form for



Applied For:  Mastercard  VISA Card  Single  Dual

Platinum		Gold		Silver	
Local	USD	Local	USD	Local	USD

Your name, as you would like it to be embossed on the card (22 characters for MasterCard/ 16 for VISA Card) (Please leave a blank space between each name) in BLOCK LETTER.

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### Personal Particulars

Title:  Mr.  Mrs.  Ms.  Others

Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Marital Status:  Married  Single Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Renewal \_\_\_\_\_ Date of Expiry \_\_\_\_\_

National ID No. \_\_\_\_\_

### Residential Particulars

Residential Status:  Owned  Rented  Company Provided

Others \_\_\_\_\_ (Specify)

If rented, rent per month Tk. \_\_\_\_\_

Residential Address: \_\_\_\_\_

Number of years at current address \_\_\_\_\_

Permanent Address: \_\_\_\_\_

### Contact Number Details:

Office Phone \_\_\_\_\_ Residence Phone \_\_\_\_\_

Mobile 1 \_\_\_\_\_ Mobile 2 \_\_\_\_\_

E-mail for e-statement \_\_\_\_\_

### Reference

Name of your Relative(s) or Friend(s) in Bangladesh:

1) \_\_\_\_\_

His/Her Contact Address: \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship with the Applicant \_\_\_\_\_

1) \_\_\_\_\_

His/Her Contact Address: \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship with the Applicant \_\_\_\_\_

### Working Profile

You are:  Salaried  Self-employed  Others

Company Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Number of years with current organisation \_\_\_\_\_

### Mailing Address

Make correspondence to:  Residence  Office

### Financial Particulars (Personal/Company)

Annual Income:

From all sources Tk. \_\_\_\_\_ Bank Loan Tk. \_\_\_\_\_

Movable Assets Tk. \_\_\_\_\_ Other Liabilities Tk. \_\_\_\_\_

Immovable Assets Tk. \_\_\_\_\_

Monthly repayment obligation, if any \_\_\_\_\_

Net Income \_\_\_\_\_

Income Tax No./E-TIN \_\_\_\_\_ Tk. \_\_\_\_\_



**National Bank Limited**

A Bank for Performance with Potential

CARD DIVISION: Shimanto Square (5th Floor), 80, Pilkhana, Road 02 Dhanmondi R/A, Dhaka 1205, Tel: 9650825-32 Ext. 151-160 Cell: 01711 287222, 01713 048666 Fax: 880-2-9650820, E-mail: nbcccd@bol-online.com

Photo

### Bank Reference (Loan A/C Only)

Bank Name	Branch	A/C Type & No.	Date of Opening

### Other Card (if any)

Bank Name	Card No.	Limit	Expiry

### Debit Authority (for NBL A/C Holder only)

I/We, the undersigned \_\_\_\_\_ (full name(s) of authorised person(s) hereby irrevocably authorise National Bank Ltd. to debit my/our under mentioned account(s) for the amount of any bill occurred through the use of the MasterCard/VISA

Card issued by National Bank Ltd. to Mr./Mrs./Ms \_\_\_\_\_ (full name of the applicant) including any renewed/reissued/replacement cards and agree to undertake all the liabilities for all charges incurred due to the utilisation of the MasterCard/VISA Card by the cardholder together with any further sum to which the cardholder may be entitled in respect of the transaction.

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

For USD Card \_\_\_\_\_

For Taka Card \_\_\_\_\_

Branch Name \_\_\_\_\_ Cardholder's Account Signature(s) \_\_\_\_\_

Auto Pay Rate  Minimum Amount Due  100% of current balance.

Seal:

(Signature to be verified by NBL Branch Official Mentioning PA No.)

### For Supplementary Card Facility

I request and authorise you to issue a supplementary MasterCard/VISA Card to the following person. I agree to pay and be liable for all dues in respect of MasterCard/VISA Card issued to him/her.

My card no.: \_\_\_\_\_

Valid up to \_\_\_\_\_ Mth. \_\_\_\_\_ Yr.

Signature of the Principal Cardholder

### Name of the Supplementary Card's applicant to be embossed on the card

\_\_\_\_\_

Full Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Relationship with Principal Cardholder \_\_\_\_\_

Signature of the Supplementary Card Applicant

### Value Added Services

I do hereby agree to amicably subscribe the following services of NBL Cards as per applicable charges as and when fixed by the bank:

I) E-statement, II) SMS Alert, III) 2FA Online Transaction, IV) Insurance Coverage Scheme, V) Other (Specify).....

### Card Applicant's Declaration

I acknowledge that I have read and understood all the terms and conditions printed **overleaf** and agree to abide by those unconditionally, whereof I have signed the application form, I do hereby declare that the information given in this form is correct and true to the best of my knowledge and belief. I hereby apply for an NBL Credit Card and declare that the information provided in this application is true and correct and I shall advise you of any changes thereto. I hereby authorize NBL to verify any information from whatever sources it may consider appropriate. I accept that NBL 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 also understood on the fees and charges to be applied in connection with issuance of my card & agreed to pay unconditionally thereof.

Date: \_\_\_\_\_ Signature of the Card Applicant

### For Card Division Use

File/ID \_\_\_\_\_ Source code \_\_\_\_\_ Fee Code \_\_\_\_\_

Decision Date \_\_\_\_\_ Supplementary Card No.(if any) \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Credit Limit Tk. \_\_\_\_\_ US\$ \_\_\_\_\_

Center Code \_\_\_\_\_

Card No. \_\_\_\_\_

Card No. \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Authorised Signature

Authorised Signature