

## Green

الحد الأقصى للسحب 3,000 دولار شهرياً



للحصول على البطاقة الانتمائية من American Express:  
قم بزيارة مصرفنا مع التكرم بإحضار ما يلي:

- صورة من جواز السفر ساري المفعول .
- صورة من البطاقة الشخصية سارية المفعول .
- عدد (2) صورة شمسية .



فيما يلي نموذج طلب الحصول على البطاقة

# The American Express® Card Application Form

To begin enjoying the benefits of the Card, please complete the required fields below.

Yes, please enrol me in the Membership Rewards® programme

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Source Code



## 1. your personal Details

Please spell out your first name, middle initial and last name in English as it appears in your passport and as it is to appear on the Card, using no more than 20 letters and spaces.

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Title	Mr	Mrs	Miss	Dr	Other														
First Name																			
Middle Name																			
Family Name																			
Date of Birth	D	D	MM	Y	Y	Y	Y												
Gender	Male	Female																	
Marital Status	Single	Married	Divorced	Widow															
Nationality																			
Country of Birth																			
Passport Number																			
Passport Valid Until	D	D	MM	Y	Y	Y	Y												
Identity Card/CPR/Work Permit/Driving Licence/National I.D.																			
	DDMMYYYYValid Until																		
Present/Former American Express Card No.:															Member Since				
	37																		
	37																		

If you own an establishment that accepts the American Express Card please write your Service Establishment number:

9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## 2. for bank use only

Bank Name/Branch																			
Branch Tel No.																			
Applicant's name																			
Credit Line (US\$)																			
Bank Account No.																			
IBAN																			
Type of Account																			
Recommended by																			
Bank authorised signatories & official stamp:																			
Name																			
Title																			
SignATurE																			
<b>X</b>																			
DATE:																			
bank STamp																			

Current Residential Address: House/Flat No.																			
Street Name/No.																			
Nearest Landmark																			
Area																			
P.O. Box															City				
Postal Code															Country				
Residential Status: (Please Tick)																			
	Own	Rent	With Family	Company Provided															
Mobile No. (with area code)																			
Home Tel. No. (with area code)																			
Fax No. (with area code)																			
E-mail																			
Address in Country of Origin																			
Tel. No. in Country of Origin																			

## Declaration

This Card Account will be billed in US Dollars. The Annual Membership Fee of US\$ 60 for The American Express® Card will be included on your first Statement of Account. Each additional Supplementary Card(s) will be charged US\$ 30 per year. The yearly fee for Membership Rewards® is US\$ 25 and is subject to enrolment.

The American Express® Card is a Charge Card and does not offer revolving credit. Therefore, the monthly Statement must be settled in full upon receipt. Detailed Terms and Conditions governing the use and issuance of The American Express® Card are included in the Cardmember Agreement, available on the website of AMEX (Middle East) B.S.C. (c) [AEME], [www.americanexpress.com.bh](http://www.americanexpress.com.bh) and are subject to the laws, rules and regulations of the Kingdom of Bahrain. The accepted delivery or pick up of the Card, or the signature on the back of the Card, or the first use of The American Express® Card(s), shall be deemed as formal acceptance of the said agreement. Once approved by AEME, this Application and all supporting documents shall constitute integral parts of the Cardmember Agreement.

In the event that you do not receive your monthly Statement of Account sent to your postal address, and you failed to notify AEME that you did not receive such Statement of Account within 15 days from the date of its issue, your failure to do so is deemed to be an implied admission on your part that the particulars shown in the Statement of Account are correct as outlined in the Cardmember Agreement. You are not entitled to apply for the receipt of the originals of purchase invoices, details of which are stated in your monthly Statement of Account. However, you are entitled to apply to receive copies thereof within a maximum period of 45 days from the date of purchase.

Declaration: I undertake to pay AMEX (Middle East) B.S.C. (c) [AEME] all amounts falling due from me as a result of my membership of The American Express® Card(s) immediately on receipt of the monthly Statement from AEME. I understand and acknowledge that the monthly Statement from AEME constitutes due notice that such amounts have become due and payable. The microfiling copies of receipts sent to me by AEME evidencing the amount due from me consequent upon my use of the Card(s) shall be conclusive evidence of my indebtedness. And I hereby waive any right of objection thereto and agree to deem said microfiling copies as original receipts. My domicile and residence is as shown above and I hereby irrevocably submit to the non-exclusive jurisdiction of the competent courts or any other bodies in my country of residence or in the Kingdom of Bahrain in all respects in relation to my obligation to AEME, and undertake to comply with decisions and judgments and orders made thereby providing for payments of amounts owed by me to AEME, as well as any loss and loss of profits arising from delay on my part in making payments together with fees, expenses and attorney's fees.

I agree and acknowledge that the balance appearing in the Statements of Account received from AEME every month shall be deemed correct unless I file an objection within 15 days of the Statement date thereof with regards to any inaccuracy in the Statement with adequate proof of such error. I further affirm that I fully understand that I will be subject to criminal liability in the event that any cheque drawn by me in favour of AEME is returned unpaid by the drawee bank and that AEME shall be entitled to pursue appropriate legal proceedings including criminal proceedings against me.

I warrant that the information stated above is true and correct and I authorise AEME or its authorised representative to contact my bankers or any other source either before or at any time after this Application is processed to obtain any information AEME may require. I understand that AEME reserves the right to decline this Application without giving any reason and that no correspondence will be entered into in these circumstances and I further understand that AEME reserves the right to require a bank guarantee acceptable to AEME, or a cash margin (which shall be held as collateral and will be used towards settlement of my Card Account), as a condition for approving the Application. If my Application is approved, I undertake to settle my Card Account immediately upon receipt of the monthly Statement.

I hereby authorise the bank to debit my bank account mentioned on this Application with all amounts charged by me and credit it to my Card Account. I acknowledge that the bank is not responsible for determining the correctness or validity of the amounts claimed by AEME.

I hereby agree that the documents submitted by me will perpetually remain the property of AEME.

Please tick if you are	Employed	Self-Employed	Other																
Company Name																			
Nature of Business																			
Designation																			
Employment Start Date	D	D	MM	Y	Y	Y	Y												
Office Tel. No. (with area code)																			
Fax No. (with area code)																			
E-mail																			
Annual Income (US\$)																			
Company Address																			
Building Name/No.																			
Street Name/No.																			
Nearest Landmark																			
Area																			
P.O. Box															City				
Postal Code															Country				
Send my monthly statements to	Company Address														Home Address				
P.O. Box															City				
Postal Code															Country				

## 3. please sign Here

SignATurE of CArd AppliCAnt																			
<b>X</b>																			
DATE:																			
Please enclose a photocopy of your passport, including a copy of your Residency Permit if an expatriate, and an additional piece of identification (Driving License, National I.D., Work Permit, or Identity Card), along with the completed and signed application form (Originals to be sighted by the Bank).																			

#### 4. key terMs Disclosure - aeMe copy

1. The American Express® Card is billed in US Dollars.
2. Non-refundable Annual Membership Fee US\$ 60 (Basic Card). This will be included in your first Monthly Statement of Account.
3. Non-refundable Annual Membership Rewards® Fee is US\$ 25, subject to enrolment.
4. Non-refundable Annual Supplementary Card Fee is US\$ 30.
5. Transaction Fee on Cash Withdrawal is 4% or US\$ 15, whichever is higher.
6. The limit of Cash Withdrawal is US\$ 1,000 every 30 days.
7. Late Payment Fee: monthly composite charge of 2.5% of all outstanding sums, in addition to a late payment fee of US\$ 10.
8. Charges for Dishonoured Payment, Cheque or Direct Debit: US\$ 25.
9. Conversion Processing Fee for Non-Billing Currency Transactions: 2.5%.
10. Investigation Fee: US\$ 25.
11. Reprinting of Statement Fee: US\$ 10 per statement (reprint of up to 3 most recent statements free).

SignATurE oF CArd ApplICAnT

X

DATE:

#### 5. key terMs Disclosure - custoMer copy

1. The American Express® Card is billed in US Dollars.
2. Non-refundable Annual Membership Fee US\$ 60 (Basic Card). This will be included in your first Monthly Statement of Account.
3. Non-refundable Annual Membership Rewards® Fee is US\$ 25, subject to enrolment.
4. Non-refundable Annual Supplementary Card Fee is US\$ 30.
5. Transaction Fee on Cash Withdrawal is 4% or US\$ 15, whichever is higher.
6. The limit of Cash Withdrawal is US\$ 1,000 every 30 days.
7. Late Payment Fee: monthly composite charge of 2.5% of all outstanding sums, in addition to a late payment fee of US\$ 10.
8. Charges for Dishonoured Payment, Cheque or Direct Debit: US\$ 25.
9. Conversion Processing Fee for Non-Billing Currency Transactions: 2.5%.
10. Investigation Fee: US\$ 25.
11. Reprinting of Statement Fee: US\$ 10 per statement (reprint of up to 3 most recent statements free).

