

Platinum

احصل على نقطة واحدة في برنامج الـ Membership Rewards مقابل كل 1 دولار أمريكي تنفقه باستخدام بطاقتك. يمكنك استبدال نقاط برنامج الـ Membership Rewards مقابل رحلات السفر، الإقامة في الفنادق، قسائم التسوق والعديد من المكافآت المذهلة الأخرى مثل الإلكترونيات، المجوهرات وغيرها الكثير.

الحد الأقصى للسحب 50,000 دولار شهرياً

مزايا البطاقة:

- لا حدود مسبقة للإنفاق*
- خدمة الكونسيرج على مدار الساعة .
- الآلاف من العروض اليومية على التسوق والمطاعم والسفر من برنامج أمريكيان إكسبريس SelectsSM .
- تأمينات السفر الشاملة لك ولعائلتك.
- الدخول إلى قاعات الاستراحة في مختلف المطارات حول العالم.



فيما يلي نموذج طلب الحصول على البطاقة

The The Platinum Card® Application Form

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



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 Platinum Card, using no more than 20 letters and spaces.

| | | | | | | | | | | |
|---|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| Title | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Dr | <input type="checkbox"/> | Other | <input type="text"/> |
| First Name | <input type="text"/> | | | | | | | | | |
| Middle Name | <input type="text"/> | | | | | | | | | |
| Family Name | <input type="text"/> | | | | | | | | | |
| Date of Birth | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | |
| Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | |
| Marital Status | Single | <input type="checkbox"/> | Married | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widow | <input type="checkbox"/> | | |
| Nationality | <input type="text"/> | | | | | | | | | |
| Country of Birth | <input type="text"/> | | | | | | | | | |
| Passport Number | <input type="text"/> | | | | | | | | | |
| Passport Valid Until | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | |
| Identity Card/CPR/Work Permit/Driving Licence/National I.D. | <input type="text"/> | | | | | | | | | |
| | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | |
| Valid Until | | | | | | | | | | |
| Present/Former American Express Card No.: | <input type="text"/> | | | Member Since | | | <input type="text"/> | | | |
| | 3 | 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | 3 | 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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

2. for bank use only

| | |
|---|----------------------|
| Bank Name/Branch | <input type="text"/> |
| Branch Tel No. | <input type="text"/> |
| Applicant's name | <input type="text"/> |
| Credit Line (US\$) | <input type="text"/> |
| Bank Account No. | <input type="text"/> |
| IBAN | <input type="text"/> |
| Type of Account | <input type="text"/> |
| Recommended by | <input type="text"/> |
| Bank authorised signatories & official stamp: | |
| Name | <input type="text"/> |
| Title | <input type="text"/> |
| Signature | <input type="text"/> |
| <input checked="" type="checkbox"/> | DATE: |
| bank Stamp | <input type="text"/> |

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

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

Declaration

This Card Account will be billed in US Dollars. The non-refundable Annual Membership Fee of US\$ 750 will be included on your first Statement of Account. Each additional Platinum Supplementary Card will be charged US\$ 350 per year and each additional Gold Supplementary Cards will be charged US\$ 75 per year. The use and issuance of the Card is subject to the laws, rules and regulations of the Kingdom of Bahrain.

The Platinum Card® is a Charge Card and does not offer revolving credit. Therefore, the outstanding balance as specified in the monthly Statement of Account must be settled in full and is payable immediately. Detailed Terms and Conditions governing the use of the Card are included in the Cardmember Agreement available on the Platinum website of AMEX (Middle East) B.S.C. (c) [AEME] at www.americanexpress.com/bh/platinum

The accepted delivery or pick up of the Card, or the signature on the back of the Card or the first use of the Card shall be deemed as formal approval of the said Cardmember Agreement and its Terms and Conditions including any subsequent amendments that may be made from time to time by AEME. Upon its approval by AEME, this application and all supporting documents shall constitute integral parts of the Cardmember Agreement.

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 Platinum 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 microfilm 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 microfilm 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.

3. please sign Here

Signature of gold Card appliCant

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 Platinum Card® is billed in US Dollars.
2. Non-refundable Annual Membership Fee US\$ 750 (The Platinum Card, one Platinum Supplementary Card and four Gold Supplementary Cards). This will be included in your first Monthly Statement of Account.
3. Non-refundable Additional Platinum Supplementary Card Fee US\$ 350.
4. Non-refundable Additional Gold Supplementary Card Fee US\$ 75.
5. Transaction Fee on Cash Withdrawal: 4% or US\$ 15, whichever is higher.
6. The limit of Cash Withdrawal is US\$ 5,000 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 Dishonored 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).
12. Priority Pass Guest Admission Fee is US\$ 27 per guest.

Signature of platinum Card appliCant

X

DATE:

5. key terMs Disclosure - custoMer copy

1. The Platinum Card® is billed in US Dollars.
2. Non-refundable Annual Membership Fee US\$ 750 (The Platinum Card, one Platinum Supplementary Card and four Gold Supplementary Cards). This will be included in your first Monthly Statement of Account.
3. Non-refundable Additional Platinum Supplementary Card Fee US\$ 350.
4. Non-refundable Additional Gold Supplementary Card Fee US\$ 75.
5. Transaction Fee on Cash Withdrawal: 4% or US\$ 15, whichever is higher.
6. The limit of Cash Withdrawal is US\$ 5,000 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 Dishonored Payment, Cheque or Direct Debit: US\$ 25.
9. Conversion Processing Fee for Non-Billing Currency Transactions: 2.5%.
10. Investigation Fee: US\$ 25.
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