Habib Bank AG Zurich

Credit/Debit card application

Fill in BLOCK *letters and check* ☑ *where appropriate*

Date ____ ____ ____
day month year

The Manager,

_____ Branch,
United Arab Emirates.

CUSTOMER REFERENCE

Customer account number 0 2 -
22 digits

Account title _____

TYPE OF CARD

Visa Credit Card : ☐ Infinite ☐ Platinum ☐ Classic

Visa Debit Card : ☐ Business Signature ☐ Business Platinum ☐ Platinum ☐ Classic

MasterCard Credit Card : ☐ Gold (☐ AED | ☐ USD) ☐ Silver (☐ AED | ☐ USD)

PERSONAL DETAILS

Prefix ☐ Mr ☐ Mrs ☐ Ms Full name _____
as per passport / government issued ID

Is primay card applicant subject to US Taxation due to any reason ☐ Yes ☐ No
(eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)

PERMANENT ADDRESS IN HOME COUNTRY *(for expatraites only)**:***

Number ____ Area/Location _____ Street _____
apartment / house

P.O. Box/Postal/Zip code ____ City/Province _____ Country _____

Telephone number *(home country)* + _____
country code / area code

EMPLOYMENT DETAILS *(for credit card applicants only)*

Employment status ☐ Salaried ☐ Self-employed Company name _____

Designation _____ Business Nature _____ Employment duration ____ ____
months years

Gross annual salary/income ____ Other income ____ Annual turnover ____

Office Address: No ____ Area/location _____ Street _____
office / shop / suite

P.O. Box/Postal/Zip code ____ City/Province _____ Country _____

Tel *(Res)* + _____ Fax number + _____
country code / area code country code / area code

DELIVERY ADDRESS FOR CARD

Number ____ Area/Location _____ Street _____
apartment / house

P.O. Box/Postal/Zip code ____ City/Province _____ Country _____

Telephone number + _____
country code / area code

MAILING ADDRESS FOR HBZeSOA & OTP

Mobile number + _____ *(to receive OTP & sms alerts)*
country code / area code

Email address _____ @ _____ *(to receive HBZeSOA & OTP)*

OTHER BANK CREDIT CARD DETAILS

BANK(S)	CREDIT LIMIT	BANK(S)	CREDIT LIMIT

____ ____ ____
authorized signatory's initial

NOTE: In the case of multiple signatories, authorized signatories must initial as per the account mandate.
Form continued on next page.

OTHER BANK LIABILITIES

LIABILITY	BANK/COMPANY NAME	MONTHLY INSTALLMENT	OUTSTANDING BALANCE
Personal Loan			
Auto Loan			
Mortgage Loan			
Overdraft			
Employer Loan			
Others			

STANDING INSTRUCTIONS FOR AUTO DEBIT FOR CREDIT CARD

Please debit my Habib Bank AG Zurich account automatically each month towards my credit card payment as per the details mentioned below:

Account number 0 2 - _ _ - _ _ - _ _ _ _ _ _ - _ _ _ - _ _ _ _ _ _ _
22 digits

Monthly payment for Visa card *(min 5%)* ☐ 5% ☐ 10% ☐ 100% ☐ Others ____ % *(multiple of 5)*

Monthly payment for MasterCard *(min 10%)* ☐ 10% ☐ 100% ☐ Others ____ % *(multiple of 5)*

SUPPLEMENTARY CARD

Prefix ☐ Mr ☐ Mrs ☐ Ms Full name ________________________
as per passport / government issued ID

Is supplementary card applicant subject to US Taxation due to any reason ☐ Yes ☐ No
(eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)

Relationship with primary card holder ☐ Spouse ☐ Parent ☐ Child ☐ Others, *specify* ________________

Mobile number + _ _ _ _ _ _ _ _ _ _ _ _ _ *(to receive OTP & sms alerts)*
country code / area code

Email address ____________________@____________________ *(to receive OTP)*

DECLARATION | اعلان

I/We hereby apply for the Debit/Credit Card offered by Habib Bank AG Zurich and confirm that the details provided in this application form are true and correct.

I have read and fully understood the terms and conditions and their application to any services granted to me by Habib Bank AG Zurich. I agree to pay Bank's charges and accept any amendments which may be made by the Bank from time to time to those terms and conditions without receiving prior notice.

I hereby declare that the above mentioned debit instructions given will effect immediately and will remain in force till rescinded and agree to pay the fees and charged applied in relation to the services provided.

I hereby consent that the information supplied relating to me, my account(s) with the Bank may be disclosed as may required by law court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically including by email.

I hereby agree that the Bank may at its sole discretion at any time and without notice, combine or consolidate any of my account in the bank in Dirhams or any other currency and set off or transfer any funds available to settle the primary as well as the supplementary card outstanding and obligations to the bank.

I have read, understood, acknowledged and agree that the Bank may refer my name and/ or any personal data required to any credit bureau or reference agency/agencies and/or make such references and enquiries as the Bank may consider necessary.

I/We hereby provide consent to Habib Bank AG Zurich for contacting any 3rd parties for obtaining information for due diligence under the Bank's internal / external regulatory requirements.

أتقدم / نتقدم بموجبه بطلب الحصول على بطاقة الائتمان\الخصم المقدمة من حبيب بنك اي جي زيوريخ وأؤكد / نؤكد ان البيانات / المعلومات المعطاه في هذا الطلب صحيحة وسليمة.

وأنني قد قرأت وفهمت بصورة كاملة الشروط والاحكام وتطبيقها على أي من الخدمات التي منحت لي من قبل حبيب بنك اي جي زيوريخ وأوافق / نوافق على سداد رسوم البنك وقبول أية تعديلات قد تطرأ على الشروط والاحكام المذكورة من قبل البنك دون إشعاري / إشعارنا بذلك مسبقاً.

وبهذا أعلن /أصرح بأن تعليمات الخصم المذكورة اعلاه سارية المفعول وتظل كذلك لحين إلغاؤها.

وأوافق /نوافق بموجبه ان المعلومات المعطاه للبنك والمتعلقة بشخصي وبحسابي /حساباتنا لدى البنك يمكن الكشف عنها /إفشاؤها من قبل البنك عند الطلب /الحاجة بواسطة المحاكم أو السلطة المختصة أو الوكالات تحت إشراق القوانين المطبقة في الدولة أو الاعراف أو العادات و/أو في حال العكس حماية مصالح البنك وذلك بان يمكن إفشاء الأسماء أو تفاصيل الحسابات عن طريث الإرسال بواسطة البريد الإلكتروني.

وبموجبه أوافق بان البنك وفقاً لسلطته التقديرية في اي وقت من الأوقات ودون إشعار أن يقوم بدمج و/أو توحيد اياً من حساباتي لدى البنك بعملة الدرهم أو اي عملة أخرى والقيام بالمقاصة أو تحويل اية أموال متوافرة في الحساب لتسوية المديونيات والإلتزامات الخاصة ببطاقات الإئتمان تجاه البنك. لقد قرأت وفهمت وأقر وأوافق على انه يجوز للبنك الإفصاح عن إسمي أو أية بيانات شخصية مطلوبة الي اي من مكاتب تحصيل الديون او وكالة/وكالات و/أو إجراء هذا الإفصاح كلما رأى البنك ذلك ضرورياً.

ان العميل بموجبه يوافق على قيام حبيب بنك اي جي زيورخ بالاتصال باي أطراف اخرى

للحصول على المعلومات اللازمة عن العميل وذلك ببذل الجهد والعناية اللازمين وفقاً لمتطلبات البنك ولوائحه الداخلية والخارجية.

______________ ______________ ______________ Date ____ ____ ____
authorized signatory(s) / المفوض/ المفوضين بالتوقيع *day / اليوم* *month / الشهر* *year / السنة*

FOR BANK USE ONLY

Branch code ________ Officer/RM name ________________

Promo code ________ Verified By ________________

Source code ________ Status ________________

Proposed credit limit ________ Date ____ ____ ____
day *month* *year*

SV

____
Staff signature

NOTE: The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.