BCEL.CC.2022 (V.1)

Dept/Center/Bra	nch		
Date:	/	/	

Supplementary Cards Application Form (For Credit/Debit Card)

<u>Principal Cardholder De</u>	<u>tails</u>	
Name and Surname:		
Primary Card No (If applied	ed):	Credit Limit:USD
Guaranteed type (For Cred	lit Card): \square Collateral \square Non-Collateral \square G	uaranteed by bank account
Collateral Account:	Account Name:	
Payment Account:	Account Name:	
Supplementary Cardholo	der Details (Applicant 1):	
Name and Surname:		
	LETTER, Max 20 characters):	
	ID Card/Passport/Family book/O	
Issue Date:	Expiry Date:Pl	lace of issue:
Address Village:	District:	Province:
Telephone No:	Mobile No:E-mail:	
Occupation:	Work Place:	Office Phone No:
Office address:		
Relationship with Principle	e Cardholder Spouse Parents Children	Others:
Supplementary Cardholo	der Details (Applicant 2):	
Name and Surname:		
	LETTER, Max 20 characters):	
	ID Card/Passport/Family book/O	
Issue Date:	Expiry Date:Pl	lace of issue:
Address Village:	District:	Province:
=	Mobile No:E-mail:	
Occupation:	Work Place:	Office Phone No:
Office address:		
Relationship with Principle	e Cardholder Spouse Parents Children	n Others:
Cardholder's Acknowled	gement: We, principal and supplementary card	lholders, confirm all the provided information is t
and correct and acknowled	lge that while a supplementary cardholder is res	ponsible for all transactions and fees incurred by
use of supplementary card	l, a principal cardholder is responsible for those	e of principal and supplementary cards. We here
undertake to strictly execu	te all the terms and conditions of the Cardholde	er agreement that we signed with the Bank.
Supplementary (2)	Supplementary (1)	Principal Cardholder