dubai first
STAY AHEAD

Free Supplementary Card for a Family Member

Primary card holder will be responsible to pay for all charges and fees billed to the supplementary cards issued

- No annual membership fee
- Select any spending limit (10% to 100%)
- Applicants will qualify even if not residing within UAE

Tick as applicable ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: Please specify _____

Please state the name of Supplementary Card Applicant as in the passport

(Please use capital letters)

Customer name : _____

Please state the name of Supplementary Card Applicant as you would like it to appear on the card

Leave one space between names

(Please use capital letters (19 characters maximum)

Relationship: ☐ Spouse ☐ Parent ☐ Brother ☐ Sister ☐ Son ☐ Daughter

Supplementary Card Applicant's Date of Birth : ____/____/____ (DD MM YY)

Supplementary Card Applicant's Mother's Maiden Name :

Supplementary Card Applicant's Mobile Number :

Please indicate the percentage of your credit card limit you woud like to set for the Supplementary Card:

☐ _____% ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 10%

Primary Cardmember's Declaration

I hereby apply for the issue of a Dubai First Supplementary Credit Card and confirm that the information provided in this Application is true and correct and undertake to advise First Abu Dhabi Bank (FAB) about any subsequent changes in respect thereto. This information may, at FAB's sole discretion, be verified from whatever sources FAB considers appropriate.

I further agree and declare that FAB is fully entitled to accept or reject this application at its sole discretion without assigning any reason and that the acceptance of this application shall be deemed as a acceptance of the Dubai First Credit Cards Terms and Conditions, which I confirm, having read and fully understood it is my responsibility to pay all prevailing fees, if any, for issue of the Supplementary Card. Should the age of the Supplementary Applicant turn out to be between 12 and 21 years of age, the use of such card shall be made under my supervision and control. The Supplementary Card fees, if any, shall be debited to my account and billed in my statement, and it shall be my responsibility to honor all charges incurred on the said Card. The continuation of the membership of the Supplementary Card member shall depend on the continuation of my membership.

I also confirm and acknowledge that I shall be fully responsible for any card applied for by me and hereby absolve FAB from any such liability based on the information and the photograph of the Supplementary Card Applicant. While FAB uses its best endeavors to ensure that the Credit Limit on the Supplementary Card is adhered to, should the card system permit the Supplementary Card member to exceed the credit limit agreed upon, I, as a Primary Card member, shall be liable for the additional spending to the full extent of the balance.

I further agree to indemnify FAB against any loss, damage, liability or cost incurred by FAB on account of any breach by me or the Supplementary Card member of this Declaration, or any other Dubai First Credit Card Terms and Conditions, or by reason of any legal disability or incapacity of the Supplementary Card member.

Primary card number

X X X X X X

Primary Card Member's Name: _____

Primary Cardholder Registered Mobile Number: _____

Primary Cardholder Registered Email ID: _____

Primary Card Member's Signature: _____

Email this application to contactus@dubaifirst.com

Terms and conditions apply

For official use only:

Request received by: _____

Date request received : ____/____/____ (DD MM YY)

Request processed by: _____

Date request processed : ____/____/____ (DD MM YY)

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FORM/SUPPCARDAPP/E/28062020