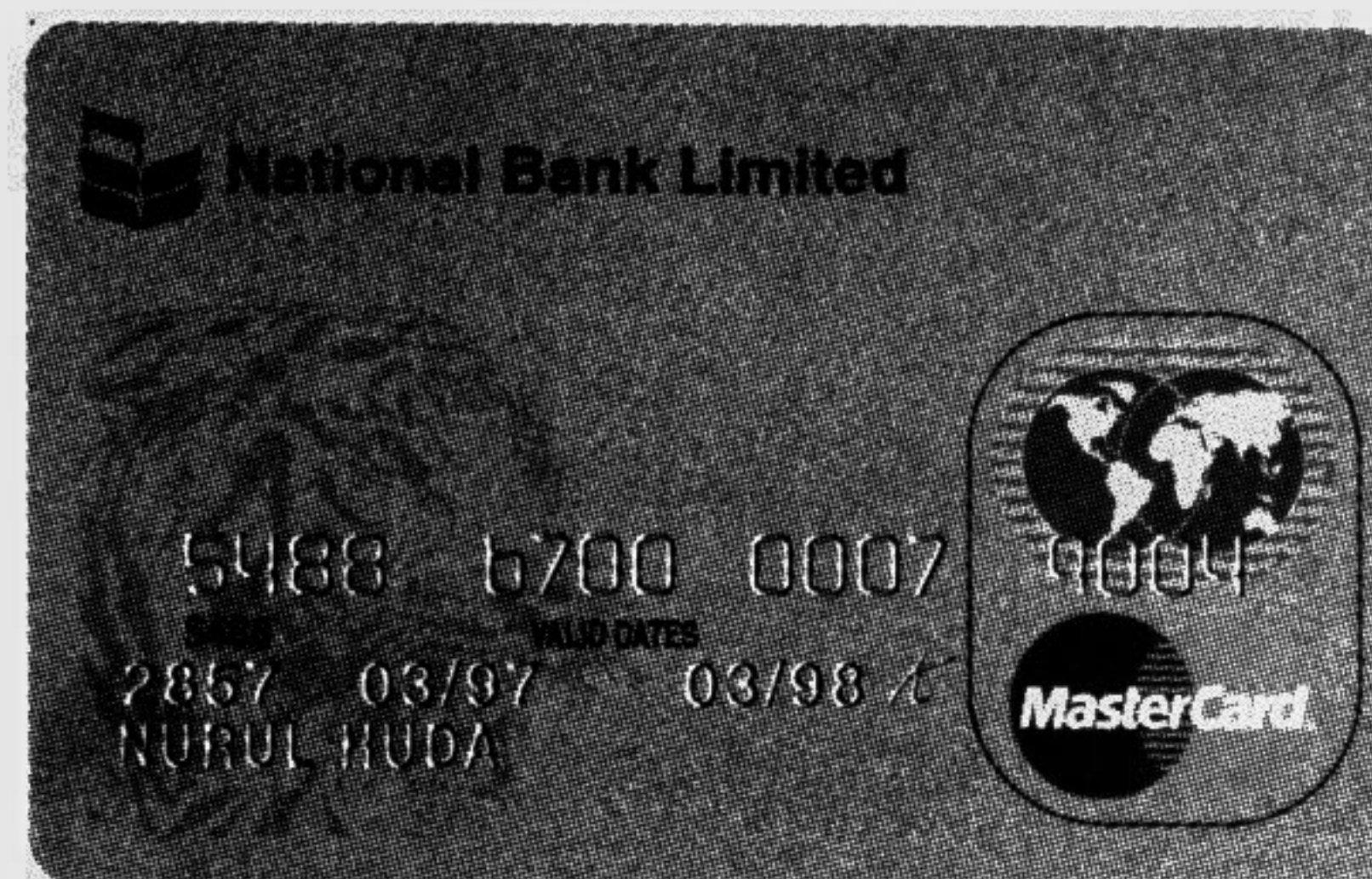
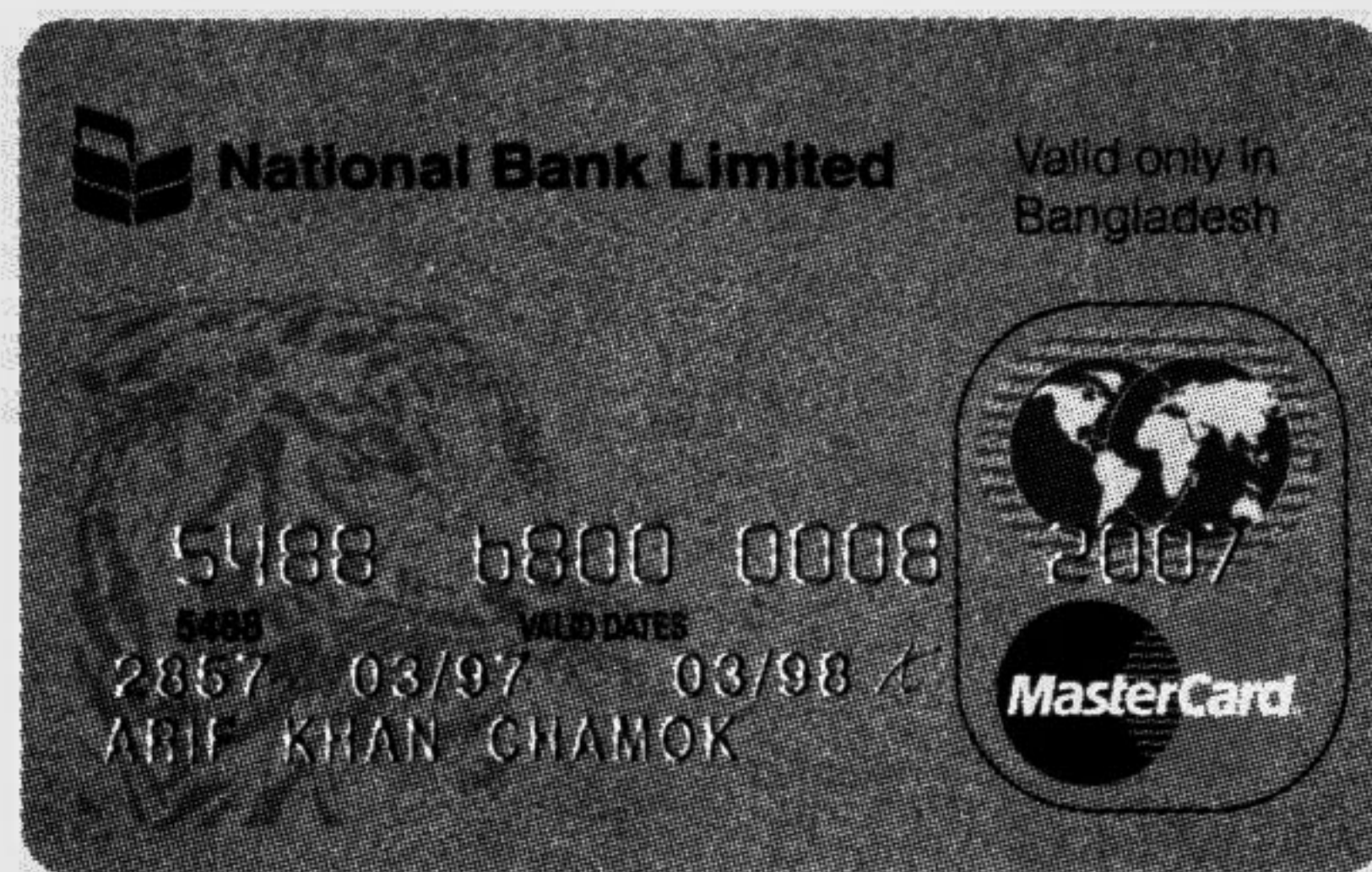


NBL MasterCard



APPLICATION FORM FOR NBL MASTERCARD

Personal/Supplementary/Corporate Account Card
Please fill in Capital letters and Tick Mark in appropriate boxes.
Please fill in separate form for Supplementary members.

Name to be embossed on the Card (maximum 20 characters)

1. PERSONAL PARTICULARS

Title: ☐ Mr ☐ Ms ☐ Mrs. ☐ Others (Please specify)

Name _____
First Middle Last

Sex: ☐ Male ☐ Female Date of Birth: ____/____/____
Day Mth Yr

Marital Status: ☐ Married ☐ Single

Nationality _____

Passport No. _____ Date of Expiry _____

Residential Address: _____

City _____

Tel. No. _____

Residential Details: ☐ Rented ☐ Own ☐ Provided by company ☐ Others

Tenure at current address (in years): _____

Car Ownership: ☐ Own ☐ Provided by company ☐ Hire purchase

Car Brand: _____

2. OCCUPATIONAL PARTICULARS

If Self Employed, Please tick

☐ Accountant ☐ Architect ☐ Doctor ☐ Lawyer

☐ Journalist ☐ Stock Broker ☐ Consultant ☐ Others

(Please specify)

Your company is: ☐ Proprietary ☐ Partnership ☐ Limited

If Salaried, Please tick

☐ Public Ltd. ☐ Pvt. Ltd. ☐ Public Sector Co. ☐ Others

(Please specify)

Name of Company/Firm _____

Current designation _____

Address _____

City _____ Fax No. _____

Tel. No. _____ Tlx. No. _____

Nature of Business _____

Tenure of existing business or yrs with current employer _____

3. FINANCIAL PARTICULARS (Amount in Thousands)

Personal

Annual Income from all sources Tk. _____ Bank Loan Tk. _____

Movable Assets Tk. _____ Other Liabilities Tk. _____

Immovable Assets Tk. _____ Monthly repayment obligation

if any Tk. _____

Income Tax/TIN No. _____ Wealth Tax payer: ☐ Yes ☐ No

Other credit cards _____

When application is for personal card, please attach (1) Salary certificate/certified copy of Income statement and (2) copy of your latest Income tax/Wealth tax return (3) Proof of residence.

The applicant will be given a spending limit on the basis of financial information furnished. The outstanding in the Card account at any time must not exceed the spending limit sanctioned by the bank.

4. BANK REFERENCE

(For company/firm card give company's Bank A/c details, for Personal Card give details of Personal Account. For Int'l Card mention particulars of the authorised dealer designated by you.)

Name of the Bank: _____

Branch: _____

Full Address: _____

City _____

Title of Account _____

Type of A/c: ☐ C/C ☐ C/D ☐ F/C ☐ S/B

Account Number _____

5. PAYMENT INSTRUCTIONS

Payment by: ☐ cheque ☐ Debit to Account (For NBL account holders only)

Please mail Bill to: ☐ Office ☐ Residence

6. CHOICE OF CARD

☐ Gold (Local) ☐ STD. (Local) ☐ Personal Card (Omit 7 & 8)

☐ Gold (Int'l) ☐ STD. (Int'l) ☐ Supplementary Card (Omit 8)

☐ Corporate Account Card (Omit 7)



NATIONAL BANK LTD.

CREDIT CARD DIVISION

18, Dilkusha C/A, 8th Floor, Dhaka, Bangladesh
Tel : 9563613, PABX : 9563081-5/228, 248
Fax : 880-2-9563953
Telex : 632162 NBL CC BJ, 642791 NBL HO BJ
Email : nblho@citechco.net

Card number (to be filled in by Bank)

Expiry Date

____/____/____
M M Y Y

Card Type

I acknowledge that I have read and understood all the terms & conditions printed overleaf and agree to abide by them unconditionally, in token whereof I have signed the application form. I hereby declare that the information given in this form is correct and true to the best of my knowledge and belief.

Date _____ Signature _____

I hereby assign the benefits of personal air accident insurance to

Mr/Ms/Master _____

Date _____ Signature _____

Annual fees Tk./USD _____ will be debited to your card account.

7. FOR SUPPLEMENTARY CARD FACILITY

(For Personal Cardholders only)

Name as desired on the Card (Maximum 20 characters)

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Others

(Please specify)

Name: _____

First Middle Last

Sex: ☐ Male ☐ Female Date of Birth: ____/____/____

Day Mth Yr

His/her relationship to you _____

I request and authorise you to issue a Supplementary MasterCard. I agree to pay & be liable for all dues in respect of MasterCard issued to him/her.

Principal card No. _____

Valid upto ____/____/____

M M Y Y

Signature of principal cardholder

I the Supplementary card holder agree to be jointly and severally liable with the principal card holder for all the dues in respect of the MasterCard applied and issued to me & its renewal.

Date _____ Signature of the Supplementary member

8. FOR CORPORATE/FIRM ACCOUNT CARD

Name of the Company: _____

Financial particulars (All amounts in Thousands) as on: _____

Paid up capital Tk. _____ Net worth Tk. _____

Working results for last three years: Year _____ P/L _____

Year _____ P/L _____ Year _____ P/L _____

(Please attach Balance Sheet copies for last two years)

CORPORATE GUARANTEE

By adopting a resolution in a meeting of the Board of Directors of _____

_____ held on _____

to avail the Local and/or International 'MasterCard' from National Bank Ltd. in the

name of Mr./Mrs./Ms. _____

and in confirmation of the same this application is signed by the Authorised signatory

of the company. Accordingly, the company hereby guarantee to pay and satisfy you on

your first demand up to the amount outstanding for all charges incurred due to

utilisation of the 'MasterCard' issued in the said name. The company agrees to be

bound by the terms and conditions of National Bank Ltd. MasterCard. Signed for and

on behalf of the above company by the authorised signatory.

Date: _____

Co. Seal: _____ Signature _____

Name _____

Designation: _____

9. DEBIT AUTHORITY

I/we the undersigned

(full name of authorised person) hereby irrevocably authorise National Bank Ltd. to debit my/our under

mentioned account for the full amount of any bill occurred through the use of the MasterCard issued by National

Bank Ltd. to Mr./Mrs./Ms. _____

(full name of the card applicant) including any reissued/replacement cards and agree to undertake all the

liabilities for all charges incurred due to the utilisation of the MasterCard by the said cardholder together with any

further sum to which you may be entitled in respect of the transactions.

Account Name _____ Account Number _____

For USD Card _____

For Taka Card _____

Branch Name: _____ Authorised Signature(s) _____

Seal: _____

10. FOR BANK USE

Branch Name _____ Code No _____

Approved Limit Tk./USD _____

Date: _____ Authorised Signature (s) _____

MasterCard within your reach now. National Bank Limited introduces **NBL MasterCard** in association with **MasterCard** International inc., U.S.A. There are two types of **NBL MasterCard** one for local use and the other for international use.

No more carrying of cash. Just carry a **NBL MasterCard** and stay carefree almost everywhere in the world. Whether it is shopping or dining, hotel booking or air lines tickets, health service or insurance premium **NBL MasterCard** does it all.

Use **NBL MasterCard** and enjoy a world of benefits.

NBL MasterCard
Puts the Whole World
in Your Hands



NBL MasterCard

For Your Card Contact Any Branch of NBL or
Credit Card Division Tel : 9563613, 9563081-5



National Bank Limited

A Bank with International Connection

18, Dilkusha C/A, Dhaka, Bangladesh

Fax : 880-2-9563953 Email : nblho@citechco.net

Please fill in the Application Form and Mail it to Credit Card Division, National Bank Limited