Photograph **Primary Card Applicant** Supplementary **Card Applicant** Please attach recent Color Passport size photograph in this box. Write your name on the back of the photographs Please attach recent Color Passport size photograph in this box. Write your name on the back of the photographs Signatures Signature as you would like on your card (sign within white area, use black ink only)

Supplementary Card Applicant's Signature

(As of NID/Passport)

Primary Card Applicant's Declaration

Primary Card Applicant's Signature

(As of NID/Passport)

I hereby apply for issuing me a Bank Asia Credit Card. I dedare that the information provided in this application is true and correct and I shall advise you of any changes thereto. I hereby authorize Bank Asia Ltd., to verify any information from whatever sources it may consider appropriate. I accept that Bank Asia Ltd., is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I acknowledge and agree that the use of the primary Card and/or Supplementary Card(s) ran, issued on my account shall be deemed as an acceptance of the Terms and Conditions of the Bank's Credit Card Agreement (which may be amended my account snatule deemed as an acceptance of the terms and conditions of the Bank's Credit Card Agreement (which may be amended from time to time) accompanying the Card. Upon approval, I agree to pay the prevailing fees. By signing and/or activating and/or using the Card, I agree to be bound by the terms and conditions as mentioned in the Bank's Credit Card Agreement. Where requested, I authorize Bank Asia Ltd. to issue Supplementary Card(s) for use on my account to the person(s) named who I undertake is/or over-18-years of age, and is a resident of Bangladesh and agree that you may provide information to him/her about the account. In case, the Supplementary Card applicant is between 18 and 21 years of age, I, hereby undertake that the use of such card shall be made under my supervision and control. I also agree to get enrolled into Safety Net insurance program automatically upon opening of my credit card account with a two months free trial period and I understand that this insurance is not applicable to the consequences of a sickness or account with a two monits free trial period and i understand that this insufances not adjustable to the consequences of a scickness of an accident inturred prior to my enrollment in the policy. I nerby agree to indemnify the Bank against any loss, damage, liability or cost incurred by the Bank on account of any breach by me or the Supplementary Card holder(s) of the aforesaid conditions or any other terms and conditions contained in the Bank's Credit Card Agreement or by reason of any legal disability or incapacity of the supplementary Card holder lab ounderstand that the Supplementary Card shall be billed in my statement and that but the Supplementary Card. The continuation of the membership of the Supplementary Card holder(s) shall be dependent on the continuation of my membership.

In consideration of the Bank agreeing to accept my request for sending my Credit Card monthly statements to my e-mail address in lieu

Primary Card Applicant's Signature

Date

*Conditions Apply (as stated in Declaration)

田 Bank Asia

Cards Department

Tea Board Building (2nd & 3rd Floor), 111-113, Motijheel C/A Dhaka-1000, Tel: (02) 9577048, 9576730, Fax: 880-2-9574038 e-mail: ba.cards@bankasia-bd.com, web: www.bankasia-bd.com

For details 16205 (24/7) 09617016205





SHADHIN CARD APPLICATION FORM



About your a	(For Bank use only)
	SHADHIN Mastercard
About yourse	VITH CAPITAL LETTERS
	_
Mr.	Mrs.
First Name	Middle Name Last Name
	D M M Y Y Y Y Nationality
	Bangladeshi
	Issuing Country Non Bangladeshi
•	Expiry Date
e-TIN	SAPIT SARE
National ID	
Marital Status	Single Married
Educational Qualifica	tion Post Graduate Graduate HSC Others
Father's Name	
Mother's Name	
Your name, as you we	ould like on the Card
(Leave one space betwe	en names, do not use title and nick name)
From where you wan	nt to receive the card ont Mail Any Bank Asia branch (Name)
About your re	esidence
Your residential statu	ss: Owned Rented Company provided
Other	Rent per month (If rented)
Address: Flat	House Floor
	Section/Block/Sector
	City
Post Code	
•	address: Years Months
About your S	Spouse/Nominee
About your Spouse/No	ominee
	Occupation
Date of Birth	

Your contact de	tails (Tel/Fax	/e-mail)	
Mobile E-mail		Other	
Permanent address			
Phone			
About your wor	k		
You are Salaried Retired		d Both Student Specify)	
Company Name		Nature of Business	
Designation		Department	Employee No.
Off. co Address			
Office Address			
Office Address			
Office Address			
City			
City Phone		Ext	
City Phone Fax		Ext	
City Phone	card applica	Ext	
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary C First Name Name of supplementary c	card applica Ms. ard's Applicant Midd ard's applicant, as you	Ext Ext Office Mobile tion lle Name u would like it to appear on the card (le.	Last Name
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary C	card applica Ms. ard's Applicant Midd ard's applicant, as you t use title or nick nau	Ext Ext Office Mobile tion lle Name u would like it to appear on the card (le.	Last Name
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary C First Name Name of supplementary c between names and do no	Card applica Ms. ard's Applicant Midd ard's applicant, as you to use title or nick nan hary card's applicant	Ext Ext Office Mobile tion lle Name u would like it to appear on the card (le.	Last Name
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary C First Name Name of supplementary c between names and do not Relationship with the prin Spouse Parent	Card applica Ms. ard's Applicant Midd ard's applicant, as you to use title or nick nan hary card's applicant	Ext	Last Name ave one space
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary Control First Name Name of supplementary of between names and do not between names a	Card applica Ms. Midd ard's Applicant, as you truse title or nick nar any card's applicant. Brother/Sister	Ext Office Mobile	Last Name ave one space
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary C First Name Name of supplementary c between names and do not Relationship with the prin Spouse Parent Date of Birth Father's Name Mother's Name (a security	Card applica Ms. Midd ard's Applicant, as you truse title or nick nar any card's applicant. Brother/Sister	Ext Office Mobile	Last Name ave one space
City Phone Fax Supplementary Mr. Mrs. Name of Supplementary Control First Name Name of supplementary of between names and do not between names a	Card applica Ms. Midd ard's Applicant, as you truse title or nick nar any card's applicant. Brother/Sister	Ext Office Mobile	Last Name ave one space