

CITIBANK CREDIT CARDS

Which Card you would like to apply for : VISA GOLD CARD
 VISA SILVER CARD

PLEASE TELL US ABOUT YOURSELF

Your name as in your CPR/Passport (PLEASE USE CAPITAL LETTERS)

FIRST NAME MIDDLE LAST NAME
 Mr. Mrs. Ms. Others _____

Your name as you would like it to appear on your Card (leave one space between names and underline surname)
 PLEASE USE CAPITAL LETTERS (19 CHARACTERS ONLY)

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SEX	DATE OF BIRTH	NATIONALITY	CPR No.	Passport No.															
<input type="checkbox"/> Male <input type="checkbox"/> Female	DD MM YY		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																

MARITAL STATUS Single Married Other _____

Years of Residence in the Bahrain _____ NO. OF DEPENDENTS _____

Name of Spouse _____ Mother's Maiden Name _____
(This is a security feature for your protection)

Your Educational Background
 Diploma Graduate Post-Graduate Others

BILLING ADDRESS :
 Office Residence

RESIDENTIAL ADDRESS :

House/Flat No. _____ Road No. _____ Bldg. No. _____

Building Name _____ Block _____

Nearest Landmark _____ P.O. Box _____ City _____

Residence is
 Rented Owned Company Accommodation Others _____

Your Contact Numbers :

Residence No. _____ Office (1) _____ Ext. No. _____ Fax _____

Mobile No. _____ Office (2) _____ Ext. No. _____ E-mail _____

Name of a friend or relative in Bahrain :
 His/Her Contact Number: _____

Office _____ Residence _____ Mobile : _____

PERMANENT ADDRESS IN HOME COUNTRY (Not For Bahraini Nationals)

Home Country Telephone No. _____

Please enclose a:

- Photocopy of your CPR.
- Photocopy of your passport Residence Visa Page - only for Expatriates.
- Original Pay slip/ Salary certificate - If you are salaried.
- Photocopy of your CR - if self-employed.
- Last 3 months' Bank Statements

Applicants may be requested for a cheque and additional documentation.

Your Signature and Date

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CITIBANK CREDIT CARDS

PLEASE TELL US ABOUT YOUR WORK

OFFICE ADDRESS :

Name of your Organization Department.....
 Building name Road Block

Street

Nearest landmark

P.O. Box No. City

EMPLOYER TYPE

Government/Ministry WLL Partnership Proprietary Multinational Co. Other

EMPLOYMENT STATUS

Salaried Self-Employed Others

IF YOU ARE SALARIED:

Your present Designation: Occupation

PERIOD OF EMPLOYMENT (Months/ Years)

In Current Organization : Previous Organization in Bahrain :

Annual Salary (BD) Annual Allowances (BD)

Other Annual Income (If Any) Source of other income (if any)

IF YOU ARE SELF-EMPLOYED (PROFESSIONAL / BUSINESS):

Nature of Business / Practice: Years of Business :

Annual Gross Income (BD) : Annual Expenses (BD) :

Annual Net Income (BD):

PLEASE TELL US ABOUT YOUR BANK ACCOUNTS

Are you a Citibank Account Holder ? Yes No Specify A/c No.

Other Banks	Branch	Account No.

PLEASE TELL US ABOUT YOUR CREDIT CARDS

Other Cards / Bank Name	Member Since	Card Number

PLEASE TELL US ABOUT YOUR OTHER COMMITMENTS

Loan Type	Bank	Account No.	Monthly Payment	Balance Outstanding

Are you willing to be called and / or interviewed regarding any new products? Yes No

Would you like to receive promotional material on our products by mail? Yes No

PLEASE SIGN THIS AUTHORIZATION

I hereby apply for the issue of a Citibank Credit Card and declare that the information provided on this application is true and correct. I hereby authorize Citibank N.A. to verify any information from whatever sources it may consider appropriate. I acknowledge and agree that the use of the card will be deemed an acceptance of the Terms and Conditions of the Citibank Credit Card Agreement which accompanies the card (s) and which are applicable to the basic as well as supplementary cards, if any.

If the supplementary card applicant is a minor, I hereby authorize Citibank N.A. to issue the applicant a card and authorize transactions carried out by the supplementary cardmember. I confirm that I am the applicant's natural guardian. I accept that Citibank N.A. is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. Upon approval, I agree to pay the prevailing annual fees. I and Supplementary Card Applicant, by our signature below, understand and agree that we are jointly and severally liable for all charges incurred on the basic card and/or the supplementary card for goods and services and cash advance obtained and all transaction generated by the use of the Basic Card and be deemed n acceptance of the terms and conditions of the Citibank Credit Card Terms and Conditions which accompany the card.

If I apply for a Photocard I confirm that the photograph provided by me is my present true identity, which I authorise Citibank N.A. to apply to my credit card and for which I accept full responsibility and agree not to make any claim against Citibank N.A. in respect thereto. As an acceptance of the above, I hereby include below my signature.

I also agree that in case I am eligible for a Citibank Gold Card my application may be treated as one for a Gold Card and if i am eligible for a Silver Card, my application may be treated as one for a Silver Card and I will accept its charges. I also agree that documents presented to Citibank N.A. will remain the property of Citibank N.A.

Annual Card Fees

Card Fees :	Basic (BD)
Gold	50.00
Silver	25.00

FOR BANK USE ONLY

S.A. _____ Approved by _____
 Appl. I.D. _____
 C.L. _____ C.T. P.I.

Your Signature and Date

PHOTOGRAPH
(Basic Applicant)

