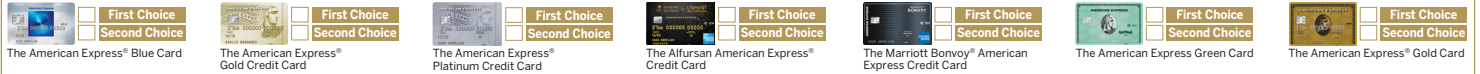


SUPPLEMENTARY REQUEST FORM



Main Account Holder's ID number

Name of the American Express Cardmember authorising the issuance of Supplementary Card(s)

Please pick the plan you prefer
if choosing the American Express Green Card: Full annual fees 12 months installments

IMPORTANT

- Please enclose a copy of the Supplementary applicant's passport and Saudi national ID/Iqama
- Supplementary applicants should be 15 years of age and above.
- Submit the Application with the required documents to one of our offices (Riyadh, Jeddah or Khobar), or request a direct sales agent to contact you and schedule an appointment to verify your Application. For more information, please contact Customer Service on 8001242229.
- Please complete all fields using BLOCK CAPITALS in blue or black ink.
- Please note that we cannot guarantee processing of this application if any section is not completed correctly.

First supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr Mrs Miss Dr Other

What is your purpose of using the Card? Personal Purchases Travel Cash Withdrawal All

Family Name

First Name

Middle Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? YES NO
If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) SMS E-mail Both None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT
X
SIGNATURE DATE OF SIGNATURE

Second supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr Mrs Miss Dr Other

What is your purpose of using the Card? Personal Purchases Travel Cash Withdrawal All

Family Name

First Name

Middle Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? YES NO
If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) SMS E-mail Both None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT
X
SIGNATURE DATE OF SIGNATURE

Third supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr Mrs Miss Dr Other

What is your purpose of using the Card? Personal Purchases Travel Cash Withdrawal All

Family Name

First Name

Middle Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? YES NO
If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) SMS E-mail Both None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT
X
SIGNATURE DATE OF SIGNATURE

Fourth supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr Mrs Miss Dr Other

What is your purpose of using the Card? Personal Purchases Travel Cash Withdrawal All

Family Name

First Name

Middle Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? YES NO
If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) SMS E-mail Both None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT
X
SIGNATURE DATE OF SIGNATURE

SIGNATURE OF MAIN CARDMEMBER AUTHORISING ISSUANCE OF SUPPLEMENTARY CARD(S)
X
SIGNATURE DATE OF SIGNATURE