The American Express® Gold Credit Card

Application form for Additional Gold Credit Card(s) available to Gold Credit Cardmember's Family

(i.e. spouse, brothers, sisters, parents, sons, daughters 18 years of age and above)
Please enclose a copy of the additional applicant's passport and ID/Iqama.

Main Account Card number

Name of American Express® Gold Credit Cardmember authorising the issuance of Additional Card(s)

IMPORTANT

- Please enclose a copy of the Additional applicant's passport and ID/Iqama.
- Additional applicants should be 18 years of age and above.

First applicant

Please spell out in English the name of the applicant, as it appears in his/her passport and as it is to appear on the Additional Card. (using no more than 26 letters and spaces)

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Family Name

First Name

Middle Name

Date of Birth D D M M Y Y Y Y

Relationship

Nationality

Passport No.

ID or Iqama No.

Mobile No.

Email address (Mandatory)

SIGNATURE OF ADDITIONAL APPLICANT

X

SIGNATURE **DATE OF SIGNATURE**

Second applicant

Please spell out in English the name of the applicant, as it appears in his/her passport and as it is to appear on the Additional Card. (using no more than 26 letters and spaces)

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Family Name

First Name

Middle Name

Date of Birth D D M M Y Y Y Y

Relationship

Nationality

Passport No.

ID or Iqama No.

Mobile No.

Email address (Mandatory)

SIGNATURE OF ADDITIONAL APPLICANT

X

SIGNATURE **DATE OF SIGNATURE**

Third applicant

Please spell out in English the name of the applicant, as it appears in his/her passport and as it is to appear on the Additional Card. (using no more than 26 letters and spaces)

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Family Name

First Name

Middle Name

Date of Birth D D M M Y Y Y Y

Relationship

Nationality

Passport No.

ID or Iqama No.

Mobile No.

Email address (Mandatory)

SIGNATURE OF ADDITIONAL APPLICANT

X

SIGNATURE **DATE OF SIGNATURE**

Fourth applicant

Please spell out in English the name of the applicant, as it appears in his/her passport and as it is to appear on the Additional Card. (using no more than 26 letters and spaces)

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Family Name

First Name

Middle Name

Date of Birth D D M M Y Y Y Y

Relationship

Nationality

Passport No.

ID or Iqama No.

Mobile No.

Email address (Mandatory)

SIGNATURE OF ADDITIONAL APPLICANT

X

SIGNATURE **DATE OF SIGNATURE**

Initial Disclosure Statement and Product Summary Statement

I hereby consent to receiving the Initial Disclosure Statement and Product Summary by electronic means if my application is approved.
The Annual Fee for each Additional Card is 100 SAR per year.

Declaration

You (the Applicant whose Name is mentioned above and hereinafter referred to as "You" or "Your") undertake to pay American Express (Saudi Arabia) Limited (hereinafter referred to as "We", "Our" or "Us") all amounts falling due from You, by the Payment Due Date, as a result of membership in or use of the Card(s) as shown on each monthly Statement from American Express (Saudi Arabia) Limited, which constitutes due notice that such amounts have become due and payable. The microfilm copies of receipts sent to You by American Express (Saudi Arabia) Limited evidencing the amount due from You consequent upon Your use of the Card(s) shall be conclusive evidence of Your indebtedness. You hereby waive the right of objection thereto and agree to deeming said microfilms as original receipts. Your domicile and residence is shown in this application form and You hereby irrevocably submit to the non-exclusive jurisdiction of the competent courts or other bodies in Your country of residence, including but not limited to the Committee for Settlement of Banking Disputes of The Saudi Arabian Monetary Agency ("SAMA"), in all respects in relation to Your obligations to American Express (Saudi Arabia) Limited and undertake to comply with decisions and judgements and orders made thereby providing for payments of amounts owed by You to Us as well as loss of profits arising from delay on Your part in making payments together with fees, expenses and attorney's fees. You further affirm that You fully understand that You may be subject to criminal liability in the event that any cheque made by You to Our order is returned unpaid by the drawee bank and that We shall be entitled to pursue criminal proceedings against You. You warrant that the information stated above is true and correct and You authorize American Express (Saudi Arabia) Limited and/or it's authorized representatives to contact Your bankers or any other source either before or at any time after this application is processed to obtain any information required. You understand that American Express (Saudi Arabia) Limited reserves the right to decline this application and You further understand that American Express (Saudi Arabia) Limited reserves the right to require a bank guarantee acceptable to American Express (Saudi Arabia) Limited, or a cash margin (which shall be held as collateral as a condition) for approving the application. If Your application is approved, You undertake to settle at least the Minimum Payment Due on Your Card Account by the Payment Due Date, as shown on each monthly Statement. The main Applicant(s) join in this application and understand that they will be jointly and severally liable along with You for payment of all charges on any Supplementary Cards.

You hereby agree to provide American Express (Saudi Arabia) Limited with any information that it requires for establishing and/or administering Your Accounts and facilities with American Express (Saudi Arabia) Limited and You authorize American Express (Saudi Arabia) Limited to obtain and collect information as deemed necessary or in regard of You, Your accounts and facilities with American Express (Saudi Arabia) Limited or other lenders from The Saudi Credit Bureau ("SIMAH") and to disclose that information to SIMAH or to any other agency approved by SAMA. All capitalized terms in this document will have the same meaning as defined in the Cardmember Agreement.

You declare that You are the ultimate beneficial owner for any Cards that may be issued to You pursuant to this application

SIGNATURE OF MAIN CARDMEMBER AUTHORISING ISSUANCE OF ADDITIONAL CARD(S)

X

SIGNATURE **DATE OF SIGNATURE**

Email to: marketing@americanexpress.com.sa with a copy of the ID/Iqama of each Supplementary Applicant. Tel.: 800 124 2229 or (+96611) 474 9035, (+96611) 474 8023