



SUPPLEMENTARY CREDIT CARD APPLICATION

Instructions for Principal Credit Cardholder to Complete this Supplementary Credit Card Application ("Application").

1. Supplementary Credit Card can be requested for spouse or any blood relatives, who are more than 18 years of age at the time of submitting this Application.
2. In case Supplementary Credit Card is required for more than one person, separate application is required to be completed for each Supplementary Credit Card.
3. Please attach copies of valid Passport, Residency/Visa and Emirates ID of the person for whom Supplementary Credit Card is being requested, with this Application.
4. All copies must be self-attested by principal Credit Cardholder.
5. Please tick box (es) where applicable
6. Please complete the Application in CAPITAL LETTERS and either submit to nearest Finance House PJSC ("FH") branch or e-mail to contactcenter@fh.ae.

Primary Credit Cardholder Details

Credit Card Number: - * * * * - * * * * -

Name on Credit Card:

Mobile No.: Landline:

Details of The Person for Whom Supplementary Credit Card is Required

I hereby apply for a Supplementary Credit Card to be issued by FH in the name of the person whose details are provided hereunder.

Gender: Male Female

Title: Mr. Mrs. Miss. Other (please specify)

Full Name (As per the Passport):

Emirates ID No.: 7 8 4 - - -

Emirates ID Expiry Date: dd / mm / yy Date of Birth: dd / mm / yy

Mobile No.: Nationality:

Relationship to Principal Credit Cardholder: Wife/Husband Mother/Father Sister/Brother Daughter/Son

Name as it should appear on Supplementary Credit Card:

(Must not be of more than 22 letters including spaces)

Assignment of Primary Credit Card Limit to Supplementary Credit Card

- Please share my Full Credit Card Limit
- Please share Credit Card Limit of AED..... from my Credit Card Limit
- Please share.....% of my Credit Card Limit

Principal Credit Cardholder's Declaration and Signature

- I agree and acknowledge that the information/details provided in this Application are true and accurate.
- I agree and acknowledge that in case of any change in the information/details above, I should advise FH immediately.
- I irrevocably agree to be bound by the terms and conditions, which govern the issuance and use of the Credit Card.

Principal Credit Cardholder's Signature: Date: dd / mm / yy

For FH Use Only

CIF No.:

Sales Officer Name	Sales Team Leader Name	Cards Center Processor Name	Cards Center Authorizer Name
Sales Officer Signature	Sales Team Leader Signature	Cards Center Processor Signature	Cards Center Authorizer Signature
..... dd / mm / yy dd / mm / yy dd / mm / yy dd / mm / yy