



Card Applications

Please make sure you have read and understood the requirements. Please complete and print this form and mail it along with:

- Valid passport copy for prime & supplementary (where applicable) with residence visa page or (for expatriates) and Idhbara page (for UAE nationals) verified against original at any Emirates NBD Branch or with Emirates NBD/Diners Club Sales Representative.
- Income proof for Charge Cards
- Trade license copy/partnership deed if proprietor/partner
- Additional documents may be required

Please note: That we cannot guarantee processing of this application if the information provided is incomplete.

If you experience any problems completing or printing the application call us on 04-3160355.

Personal Details

Full Name as in Passport	<input type="text"/>
Date of Birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name in English as you wish it to appear on the Card	<input type="text"/>
Nationality	<input type="text"/>
Passport Number	<input type="text"/>
Passport Expiry Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
UAE Visa Number	<input type="text"/>
UAE Visa Valid until (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Mother's Name	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
No. of Dependants (incl. Spouse)	<input type="text"/>

Present Home Address

House / Apartment No.	Street Name
<input type="text"/>	<input type="text"/>
Building Name	Emirate

PO Box No.

Telephone Number

Permanent Home / Contact Address

Home Status

Rented Own Home

Mobile Telephone Number

Permanent Residence Telephone

Company / Employer Name

Position in Company

Company Telephone No.

Business Address

Nature of Business

No. of years with employer

E-mail Address

If less than two years, please provide details of previous employment

Previous Employer

Address

Phone No.

Monthly Income

Self

Spouse

Please send statement to

Annual Income (self/spouse)

Bank Home

Business

Card number of any previously held Diners Club Card

Other Credit Cards owned

Visa MasterCard

No. of years held

AMEX

Name of Personal Reference in UAE/Contact in your absence

Address

Telephone Number

Payment Method

- I wish to pay by cheque/cash
- Payment Option 5%
- Payment Option 100%
- Payment through direct debit to bank account

Credit Facility

- I wish to have a revolving credit facility

Bank Details

Name of the Bank

Full Address

Telephone Number

Fax

Account Type(s)

Account Number(s)

Supplementary Card

Name

Name as you wish it appear on Card

Date of Birth (dd/mm/yyyy)

 / /

Passport Number

Passport Expiry Date(dd/mm/yyyy)

 / /

Relationship to Primary Card Applicant

Membership Fees

- Annual Membership Fee : Dhs 400/-
- Supplementary Card : Dhs 200/- (Annual Membership fee waived for the first Card)
- Replacement/Lost Card fee: Dhs 50/-

Declaration - I wish to apply for membership of Diners Club (UAE) LLC and request that I be issued with a Diners Club Card. I declare that the above information is both correct and true and I shall advise you of any changes thereto. I authorize Diners Club (UAE) LLC to make enquiries about me and the supplementary applicant from any source for further information if required. I acknowledge and agree that the use of the Card(s) will be deemed an acceptance of the Terms and Conditions of the Diners Club International Card agreement (which may be amended from time to time) which is listed below and which is applicable to both the Primary Card and Supplementary Card(s), if any, issued on my account. Upon approval, I agree to pay the fees applicable. I understand that Diners Club (UAE) LLC shall have the right to refuse acceptance of the application, and/or cancel it any time without being obliged to give any explanation. I further understand that the Card remains the property of Diners Club (UAE) LLC at all times. I understand that Diners Club (UAE) LLC may require an acceptable guarantee and/or an authorization for a direct debit to my bank account prior to acceptance.

Signature of Applicant

Date (dd/mm/yyyy)

 / /

Signature of Supplementary Card

Date (dd/mm/yyyy)

 / /

Print this form by clicking on "Print" (or press CTRL+P) from your browser, Sign the form and mail it along with the additional documents required (ref. top of this page) to P.O. Box 777, Dubai

[Terms and Conditions](#)