



## CREDIT CARD Application

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

- 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 the Sales Representative from Emirates NBD/Diners Club.
- Income proof for credit cards
- Trade license copy/partnership deed if proprietor/partner
- Last three months bank statements
- Security Cheque
- Additional documents may be required.

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

If you experience any problems completing 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married
No. of Dependants(incl. Spouse)	<input type="text"/>

**Present Home Address**

House / Apartment No.

Street Name

Building Name

Emirate

PO Box No.

Home Status

Own Home

Telephone Number

Mobile Telephone Number

Permanent Home /  
Contact Address

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  Bank

Home

Business

Annual Income (self/spouse)

Card number of any  
previously held Diners  
Club Card

Other Credit Cards  
owned

Visa

MasterCard

AMEX

No. of years held

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

### 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 200
- Supplementary Card : No Fees applicable

**Declaration** - I wish to apply for membership of Diners Club (UAE) LLC and request that I be issued with a Credit 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 Applicant

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](#)