



## NAJM SUPPLEMENTARY CREDIT CARD APPLICATION FORM

Instructions to complete the form:

1. You can fill this form directly from your computer. Please note that all fields are mandatory.
2. Once you have completed the form, press the 'Print' button on this application form.
3. Sign on the printout of the completed application form and send us a scanned copy of this signed form.
4. Please email the form to najm.customerservice@maf.co.ae

Primary Card Number

Name of the Cardmember: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

### Supplementary card details

Title  Mr.  Mrs.  Miss

Full name of supplementary card applicant (as per passport)

\_\_\_\_\_

Name as you would like it to appear on the card (no nicknames)

Date of birth  /  /

Relationship with Cardmember  Spouse  Child  Parent  Brother  Sister

Card type:

Najm Cashback Credit Card  Gold  Silver  Blue

Voyager Credit Card  Signature  Platinum  Gold

Contact Number. \_\_\_\_\_

Mother's maiden name (a security feature) \_\_\_\_\_

Allocate spending limit \_\_\_\_\_ % of primary card limit.

#### Supplementary disclaimer

When requested by me, I authorize Najm to issue Supplementary Card(s) for use on my account to any person(s) named in such request, who I undertake is/are over 18 years of age. I declare that the information provided in this form is true and correct and that I abide by the Terms & Conditions for the operation of the account which I have understood and expressly agree and accept. I agree that Najm may provide information to such person(s) about the Card account. I hereby undertake that the use of any Supplementary Card issued under my account shall be made under my supervision and control and the use of the Supplementary Card by the Supplementary Cardholder shall be deemed as a use by me. I hereby agree to indemnify Najm against any loss, damage, liability or costs incurred by Najm on account of any breach by me or the Supplementary Cardholder(s) of the Terms and Conditions or of any legal disability or incapacity of the Supplementary Cardholder(s) in relation to the use of the Card. I also acknowledge that the Supplementary Card fees will be billed directly to me. I undertake to honor the obligation to pay such fees and all charges incurred on, and/or payments made using the Supplementary Card during the validity of the Supplementary Card and irrespective of whether the Supplementary Card is not renewed thereafter. The continuation of the validity of the Supplementary Card shall be dependent upon the validity of my Card and shall expire or be cancelled on the same date as the Primary Card.

Signature of primary applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Najm use only

Source code

Limit (AED) \_\_\_\_\_