ONE Bank LIMITED

CARD DIVISION, CHQ

Supplementary Card Application Form

Date: D D M M Y Y Y Y

Principle Card Holder's Details:

Card Holder Name:

Credit Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry Date:** ☐☐

For Supplementary Card:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Others: .....

Name of Supplementary Card Applicant: ☐

Name to appear on card (leave one space between names, do not use title and nickname, maximum 18 characters)

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Relationship with the primary card applicant: ☐ Spouse ☐ Parents ☐ Brother/Sister ☐ Child

☐ Others (Please specify).....

Date of Birth: D D M M Y Y Y Y Occupation: ☐

Father's Name: ☐ Mother's Name: ☐

Address: ☐

- Supplementary Card spending limit ..... % of local Credit limit an ..... % of USD Credit limit.

NID No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mobile Number:	+	8	8										

- Documents Attach: ☐ NID ☐ Passport Copy ☐ Others.

Supplementary Applicant Photo

Please attach a recent color passport size photograph in this box. Write your name on the back of the photograph.

Signature of Principal Card Holder

Signature of Supplementary Applicant