



I am also aware that City Shield Insurance Coverage is available for me - being the Primary Cardmember - with the AMERICAN EXPRESS CREDIT CARD. I have understood the Terms, Conditions, Exclusions and Benefits of this valuable Protection Scheme. Being aged between 18 and 60, I agree, unless I state in writing to The City Bank Limited otherwise, to get enrolled into City Shield Insurance program automatically upon opening of my Credit Card account and I understand that this insurance is not applicable to the consequences of a sickness or an accident incurred prior to my enrolment in the Insurance Scheme. I hereby authorize the insurance company to verify the information in relation with this insurance scheme from whatever sources it may consider appropriate.

In consideration of the Bank agreeing to accept my request for sending my AMERICAN EXPRESS CREDIT CARD monthly statements to my e-mail address in lieu of paper statements sent through courier service, I hereby agree that all statements whether through e-statements service or other means of transmission sent by the Bank for my AMERICAN EXPRESS CREDIT CARD shall be accepted and upheld by me as correct and authentic. I declare that I shall not raise any objection against the Bank on its agreeing to the same and I fully accept the risk and responsibility of statement transmitted by the Bank. The Bank does not warrant against any external factors affecting the privacy and/ or security of e-mail during internet transmission. I also agree to keep the Bank indemnified against all actions, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of so accepting my request by the Bank and transmitting statements and information through e-mail. I assure the Bank that I shall inform in writing of any change in my e-mail address or any request for discontinuation of this facility to Card Department, The City Bank Limited, Al-Amin Centre (8th Floor), 25/A, Dilkusha C/A, Dhaka-1000. The Bank shall not be liable or responsible for data corruption, delay and/or interception of the information so given and the Bank reserves the right to update every such information from time to time and at any time.

I hereby indemnify the bank that I shall notify the bank at least one month before renewal of my card discontinuation of the same.

\_\_\_\_\_  
Primary Card Applicant's Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

#### For Bank use only

Application No.  Supplementary Card No.

Date         Client ID

Credit Limit (in Taka)  in USD

Source Code

#### Please Note

- You do not have to be a City Bank Account holder to apply for an American Express Credit Card
- For prompt processing of your application, please:
  - a) Use CAPITAL LETTERS
  - b) Countersign all changes or corrections you make
- Enclose the following documents:
  - a) Photograph (1 copy)
  - b) Copy of Passport (First 5 pages and last 3 pages if you apply for a dual card)
  - c) Copy of NID (National Identity Card) / Smart Card/Driving License
- Complete all sections of the application form. Incomplete application may be delayed or cancelled

I, \_\_\_\_\_, have read and understood the above statements and also confirm that the above declaration provided by me in this form is true and correct

I also confirm that Mr./Ms. \_\_\_\_\_ (The City Bank), has explained to me all the features of The City Bank Limited's AMERICAN EXPRESS CREDIT CARD

\_\_\_\_\_  
Supplementary Applicant Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)