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Please tick here if you would like to apply for the American Express Card (minimum annual income of US$ 24,000). ☐

Please tick here if you would like to apply for The Gold Card (minimum annual income of US$ 40,000). ☐

Application Form

Please note that we cannot guarantee processing of this application if any section is not completed properly.

To help in the prompt processing of your application please ensure you have included :

1. A photocopy of your passport, including residence page. ☐
2. A photocopy of your Social Security/C.P.R/Tabia/Work Permit/Driving License/ID No. ☐
3. Original last six months' personal bank statements. ☐
4. An employment certificate confirming date of employment, annual income and position held if you are employed, or a copy of your commercial registration if you are self-employed. ☐
5. A photocopy of your family applicant's passport (applicable for Supplementary Cards only). ☐

☐ *Yes, please enrol me in Membership Rewards.*

PLEASE PROVIDE YOUR PERSONAL DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other ☐ _____

Family Name

First Name Middle Name

Date of Birth: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Gender Male ☐ Female ☐

Marital Status Single ☐ Married ☐ No. of Dependents ☐

Nationality Passport No.

Social Security/C.P.R./Tabia/Work Permit/Driving License/I.D. No.

Please spell out your name, in English, as it appears in your passport, and as it is to appear on the Card, using no more than 20 letters and spaces.

1. Please enclose a photocopy of your passport and Social Security/C.P.R/Tabia/ Work Permit/Driving License/ID No.

PREVIOUS AMERICAN EXPRESS CARDMEMBERSHIP

Present ☐ Former ☐ None ☐

Present/Former American Express Card No.: Member Since

3 7 ☐☐ ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐☐

PLEASE PROVIDE YOUR ADDRESS

Present Home Address :

House/Flat No. Area

Street Name and No.

City P.O. Box Country

Tel. No. (inc. area code) Mobile Tel No.

Fax No. No. of Years at Address

Email

Residential Status: (Please Tick)

Own ☐ Rent ☐ With Family ☐ Company Provided ☐

If rent, state monthly payment ☐

Permanent Home Address in country of origin : Own ☐ Rent ☐

House/Flat No. Area

Street Name and No.

P.O. Box City

Postal Code Country

Home Tel. No. (inc. area code)

PLEASE SEND THE CARD AND MY MONTHLY STATEMENTS TO:

Company Address ☐ Home Address ☐

P.O. Box

City/Postal Code

Country

PLEASE PROVIDE YOUR PROFESSIONAL DETAILS

Please tick if you are : Employed ☐ Self-Employed ☐ Retired ☐

Employer or Company Name

Nature of Business Contact Person

Start Date

Your Position/Occupation

Street Name Building Name/No.

P. O. Box Area

City Country

Tel. No. (inc. area code) Fax No.

Email

If you are employed, please state your personal annual income: US$

If you are self-employed, please state your personal annual income: US$

If you are self-employed, you need to earn a personal income of US$ 50,000. Please provide your last six months' personal bank statements.

If you earn additional income, please state the amount & source, as well as provide the appropriate documentation.

Amount in US$

If you own an establishment that accepts the American Express Card please write your establishment number : 9 ☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐

2. If you are employed, please enclose an employment certificate confirming date of employment, annual income and position held. If you are self-employed, please enclose a copy of your commercial registration.

PLEASE PROVIDE YOUR FINANCIAL DETAILS

In country of residence:

Bank Name

Branch

Full Address

Tel. No. Telex/Fax No.

Account Number(s) Year Opened

Type of Account(s)

In country of origin :

Bank Name

Branch

Full Address

Tel. No. Telex/Fax No.

Account Number(s) Year Opened

Type of Account(s)

Please provide previous/other bank's name, branch and address :

Account(s) Number

Please provide other financial commitments:

Loan Type	Loan Type
Bank	Bank
Account No.	Account No.
Original Loan Amount	Original Loan Amount
Monthly Payment	Monthly Payment
Balance Outstanding	Balance Outstanding

Please indicate any other type of charge/credit cards you hold:

Master Card ☐ Credit Limit ☐ Diners ☐ Credit Limit ☐

Visa Card ☐ Credit Limit ☐ Other Cards ☐ Credit Limit ☐

3. To help us speed up the processing of your application, please enclose your original last six months' bank statements.

PLEASE PROVIDE YOUR REFERENCES

Name of friend or relative

Relationship Tel Office-ext#

Company/Designation

Tel Residence Mobile

Email Address

SUPPLEMENTARY AMERICAN EXPRESS CARDS

☐ Please send me a Supplementary Card for a member of my family (spouse, parents, brothers/sisters, sons/daughters 18 years of age and above).

Enclose a copy of the Additional applicant's passport and visa.

Please spell out the name in English, as it appears in the passport and as it is to appear on the Supplementary Card, using no more than 20 letters and spaces.

Title: Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other ☐ _____

Family Name

First Name Middle Name

Date of Birth: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Relationship

Nationality Passport No.

Social Security/C.P.R./Tabia/Work Permit/Driving License/I.D. No.

4. Please enclose a photocopy of the family applicant's passport.

This account will be billed in US Dollars. The US$ 120 annual subscription for the American Express Card or the US$ 210 annual subscription for The Gold Card will be included on your first statement. Supplementary American Express Cards are US$ 50 for the American Express Card and US$ 75 for The Gold Card each year. The use of the Card is subject to local rules and regulations.

The American Express Card is a Charge Card and does not offer revolving credit. Therefore, the monthly statement must be settled in full upon receipt.

Providing your email address to American Express will allow us to send you email offers which we believe are suited to your needs, including information on benefits, products and services.

Detailed conditions governing the use of the American Express Card and The Gold Card are included in the Cardmember Agreement, which will accompany the Card(s) when issued. The signature of, or the use of the Card(s) shall be deemed as formal approval of the said agreement with any subsequent amendments. Upon its approval by American Express, this application and all supporting documents shall constitute integral parts of the Cardmember Agreement.

In the event that you did not receive your monthly statement of account sent to your postal address as stated in the Membership Agreement, and failed to notify the Company that you did not receive such statement of account within 15 days from the date of its issue, your failure to do so is deemed to be an implied admission from your part that the particulars shown in the statement of account are correct.

You are not entitled to apply for receipt of the originals of purchase invoices, details of which are stated in your monthly statement of account. However, you are entitled to apply to receive copies thereof within a maximum period of 45 days from the date of purchase.

Declaration:

I undertake to pay you all amounts falling due from me as a result of membership in or use of the Card(s) immediately on receipt of the monthly statement from American Express, which constitutes due notice that such amounts have become due and payable The microfilm copies of receipts sent to me by American Express evidencing the amount due from me consequent upon my use of the Card(s) shall be conclusive evidence of my indebtedness. And I hereby waive any right of objection thereto and agree to deeming said microfilms as original receipts. My domicile and residence is as shown above and I hereby irrevocably submit to the non-exclusive jurisdiction of the competent courts or other bodies in my country of residence in all respects in relation to my obligation to American Express and undertake to comply with decisions and judgements and orders made thereby providing for payments of amounts owed by me to you as well as loss and loss of profits arising from delay on my part in making payments together with fees, expenses and attorney's fees.

I/We agree and acknowledge that the balance appearing in the statements of account received from American Express every month shall be deemed correct unless I/we file within 90 days of the statement date thereof an objection as regards any inaccuracy in the statement with adequate proof of such error.

I further affirm that I fully understand that I will be subject to criminal liability in the event that any cheque made by me to your order is returned unpaid by the drawee bank and that you shall be entitled to pursue criminal proceedings against me.

I warrant that the information stated above is true and correct and I authorise American Express or its authorised representative to contact my bankers or any other source either before or at any time after this application is processed to obtain any information it may require. I understand that American Express reserves the right to decline this application without giving any reason and that no correspondence will be entered into in these circumstances and I further understand that American Express reserves the right to require a bank guarantee acceptable to American Express, or a cash margin (which shall be held as collateral and will not be used towards settlement of my Card account), as a condition for approving the application. If my application is approved, I undertake to settle my Card account immediately upon receipt of the monthly statement.

If I have applied for The Gold Card, I agree that I may be issued with the American Express Card. American Express shall not be obliged to give any reason for their decision and no correspondence will be entered into relative to such decision.

The undersigned individuals join in this application and understand that we will be jointly and severally liable for payment of all charges on any Supplementary Card.

PLEASE PROVIDE YOUR SIGNATURE

SIGNATURE OF BASIC APPLICANT	SIGNATURE OF SUPPLEMENTARY APPLICANT
X	X
DATE	

Please send to Amex (Middle East) E.C., P.O. Box 5990 - Manama - Kingdom of Bahrain.