

| Application |



Standard  
Chartered

As this is your first application with us, we would like to get to know you well. We appreciate your time in completing this form and it's only with a greater understanding of your financial needs that we will be able to plan your future. We look forward to knowing you well and serving you better. Please complete only the relevant sections in this application form. If you would like to sign up for Internet Banking, please visit [www.standardchartered.ae](http://www.standardchartered.ae)

## 1 Please tell us about yourself

**Salutation / Title**  Mr  Mrs  Ms  Dr  Other (please specify)

First Name

Middle Name

Last Name

### Type of Identity Document

Type

Passport  Country Identity Document

Other (please specify)

Number

Expiry Date

 /  / 

Date of Birth

 /  / 

### Telephone Number

Home

 - 

Office

 - 

Mobile

 - 

Area Code

### E-mail Address

### Are you an Existing Customer

**Yes** (Please provide your existing Standard Chartered Bank account number, Credit Card Number or Loan / Finance Account number)

**Standard Chartered Bank Account / Loan / Finance Number**

**Standard Chartered Bank Card Number**

If your particulars (Address, Nationality, Resident details, employment details etc) have not changed please proceed to Section 1 A

**No** (Please complete the fields below)

**Visa Number**

Expiry Date

 /  / 

**Gender**

Male  Female

**Nationality**

**Mother's Maiden Name**

**Marital Status**

Married  Single  Other

**Education Status**

High School  Diploma  Graduate

Postgraduate Degree  Other (please specify)

**Residential Address**

Flat / Villa Number \_\_\_\_\_ Building Name \_\_\_\_\_

Street / Area \_\_\_\_\_

P.O. Box Number

City \_\_\_\_\_

Country \_\_\_\_\_

**Permanent Address** (If different from residential address)

**Nature of Employment**

Salaried  Self-employed  Other (please specify)

**Name of Employer / Name of Business** (For self-employed)

**Nature / Type of Business of Employer or Own Employment**

Banking / Financial Services  Trading

Government

Real Estate Services

Construction

Other (please specify)

**Occupation / Designation**

**Address of Employer** (For salaried employees)

**Address of Business** (For self-employed)

Flat / Villa Number \_\_\_\_\_ Building Name \_\_\_\_\_

Street / Area \_\_\_\_\_

P.O. Box Number

City \_\_\_\_\_

Country \_\_\_\_\_

**Monthly Income**

AED \_\_\_\_\_

Number of cars owned \_\_\_\_\_

**Mail to be sent to**

- Residential Address
- Permanent Address
- Address of Employer or Business
- Other (please specify below)

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**1A Which account would you like to apply for?**

**Currency in which account is to be opened and maintained**  
**Saadiq Islamic Financial Services** (Please go to Section 5)

**For Local Currency, please select:**

- Regular Current Account
- Regular Savings Account
- Salary Account
- SaveMore Account
- Extra Cover Salary Account
- Fusion Account
- Call Deposit
- Activ Account
- Individual MMDA

If you are applying for an Extra Cover Salary Account, please fill in the following information (Optional)

Car 1 Registration Date  /  /

Car 2 Registration Date  /  /

**For Foreign Currency, please select:**  USD  EUR  GBP

- Regular Current Account
- Regular Savings Account
- Salary Account
- Call Deposit
- Individual MMDA

**1B Would you like a joint account?**

- Yes (Please complete this Section)
- No (Please go to Section 2)

**Mode of Operation for Joint Account**

- Anyone of us
- All of us
- Other (please specify)

**Relationship to the Main Applicant**

\_\_\_\_\_

**Salutation / Title**  Mr  Mrs  Ms  Dr  Other (please specify)

First Name

Middle Name

Last Name

**Identity Document for joint applicant**

- Type
- Passport
  - Country Identity Document
  - Other (please specify)

Number

Expiry Date  /  /

**Visa Number** \_\_\_\_\_

Expiry Date  /  /

Date of Birth  /  /

- Gender  Male  Female

**Nationality** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_

- Marital Status**  Married  Single  Other

**Education Status**

- High School
- Diploma
- Graduate
- Postgraduate Degree
- Other (please specify)

**Telephone Number**

Home  -

Office  -

Mobile  -

Area Code

**E-mail Address**

**Residential Address**

- Same as Main Applicant
- Different from Main Applicant (please specify)

Flat / Villa Number \_\_\_\_\_ Building Name \_\_\_\_\_

\_\_\_\_\_

**Street / Area** \_\_\_\_\_

P.O. Box Number

City \_\_\_\_\_ Country \_\_\_\_\_

**Nature of Employment**

- Salaried
- Self-employed
- Other (please specify)

**Name of Employer / Name of Business** (For self-employed)

\_\_\_\_\_

\_\_\_\_\_

**Nature / Type of Business of Employer or Own Employment**

- Banking / Financial Services
- Government
- Construction
- Trading
- Real Estate Services
- Other (please specify)

**Occupation / Designation**

\_\_\_\_\_

**Address of Employer** (For salaried employees)

**Address of Business** (For self-employed)

Flat / Villa Number \_\_\_\_\_ Building Name \_\_\_\_\_

\_\_\_\_\_

**Street / Area** \_\_\_\_\_

P.O. Box Number

City \_\_\_\_\_ Country \_\_\_\_\_

**Monthly Income**

AED \_\_\_\_\_

## 2 Please consider these valuable services

### For Main Applicant

Debit Card  Yes  No

Name on the Debit Card (Maximum of 19 characters only)

Electronic statements  Yes  No

Cheque book  Yes  No

Facsimile instructions accepted  Yes  No

### For Joint Applicant

Debit Card  Yes  No

Name on the Debit Card (Maximum of 19 characters only)

**May we offer you the following products?  
Simply tick to indicate the products you  
would like to sign up for.**

**Fixed Deposit Account**  Yes (Please go to Section 3)

**Credit Card**  Yes (Please go to Section 4)

**Insurance**  Yes (Please go to Section 7)

No, I am not interested in any of the above (Please go to Section 8)

## 3 Fixed Deposit Account

### Currency

AED  USD  EUR  GBP  AUD  JPY  Other (please specify)

### Amount

### Term of Deposit

Days \_\_\_\_\_ Months \_\_\_\_\_

### Renewal Instructions

- Renew principal plus interest  
 Renew only principal and credit interest to account  
 Do not renew but credit to account on maturity

Account number  
to be debited

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Date of debit

		/			/														
D	D		M	M		Y	Y	Y	Y										

## 4 Credit Card

Select your choice of Card (Tick box)

### VISA

- Singapore Airlines Business  
Credit Card<sup>1</sup>  
 VISA Gold  
 Saadiq Gold  
 VISA Classic

### MasterCard

- Platinum  
 Saadiq Platinum  
 Titanium  
 MANHATTAN  
 MasterCard Gold  
 MasterCard Standard

<sup>1</sup> If you are applying for a Singapore Airlines Business Credit Card, please provide us with the following details:

Are you a KrisFlyer Member?  Yes  No

If yes, please provide your  
KrisFlyer Membership Number:

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Name on Card (Maximum of 19 characters only)

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Number of Dependants Total \_\_\_\_\_ (In UAE) \_\_\_\_\_

### Residence Type

Owned  Mortgaged  Rented  Other (please specify)

Duration in Current Residence \_\_\_\_\_ Years \_\_\_\_\_ Months

Duration in Current Organisation \_\_\_\_\_ Years \_\_\_\_\_ Months

Business Establishment Date \_\_\_\_\_ Years \_\_\_\_\_ Months

Total Work Experience \_\_\_\_\_ Years \_\_\_\_\_ Months

### About your Bank Accounts

Bank Name	Branch	Account Number	Since When

### Details of Other Credit Cards & Liabilities

Bank Name	Card Number	Credit Limit (AED)	Member Since	
Bank	Loan / Finance Type	Account Number	Monthly Instalment (AED)	Outstanding Balance

### Payment Protection Insurance (Optional)

Tick any one of the following boxes and sign up to take advantage of the benefits of Credit Shield Insurance or Credit Secure Payment Protection Insurance (Not applicable to Saadiq Credit Cards)

**Yes, I want to apply (please select ONE only)**

Credit Shield Insurance

(I understand that Credit Shield Insurance provides cover on my credit card in case of Death, Permanent Total Disability, Accidental Medical Expenses and Critical Illness benefit up to the amount we receive from the Insurance Provider and your liability will be discharged to the extent of such payment.)  
I understand that my enrolment for Credit Shield Insurance is subject to approval by you.

Credit Secure Insurance

(I understand that Credit Secure Insurance provides cover on my Credit Card in case of Death, Permanent Total Disability, Accidental Medical Expenses, Critical Illness and Involuntary Loss of Employment for up to 3 months of my monthly instalments (for salaried clients only) or Temporary Total Disability (for self employed customers only) benefit up to the amount we receive from the Insurance Provider and your liability will be discharged to the extent of such payment. I understand that my enrolment for Credit Shield Insurance is subject to approval by you.)

I agree that a premium of 0.89% (for Credit Shield) or 0.99% (for Credit Secure) of the monthly outstanding balance on my Credit Card shall be payable by me each month. I agree that if I notify you within 14 days from today, of my intention not to participate in Credit Shield Insurance or Credit Secure Insurance, such premium shall not be charged to me. I note that I still have the option to cancel Credit Shield Insurance or Credit Secure Insurance after 14 days but, in this case, any premiums paid till the cancellation date will not be refunded.

I understand that **Credit Shield / Credit Secure Insurance would not provide coverage** for pre-existing medical conditions, suicide (within 12 months of commencement date), self-inflicted injury, self medication or illegal acts, war, terrorism, strike, riot, civil commotion, sickness or death directly or indirectly attributed to HIV and/or any related illness including AIDS, Military Service in the Armed or Security Forces of any country or any authority; or influence of alcohol or drugs, pregnancy, childbirth or miscarriage, aviation (other than as a fare paying passenger), professional sports, nuclear / radioactive contamination.

Please refer to the Credit Shield / Credit Secure Insurance Terms & Conditions for detailed information on features, benefits and certain other circumstances where Credit Shield / Secure will not provide coverage.

**Yes, I want to apply for Credit Shield / Credit Secure Insurance (please select one option)**

I irrevocably accept fully and without any reservation, the terms and conditions relating to Credit Shield / Credit Secure Insurance (as the case may be) as set out in the Credit Shield / Credit Secure Insurance Terms and Conditions and Credit Card Terms and Conditions.

Primary Applicant's Signature

(Do not sign if Payment Protection Insurance is not required)

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**No, I do not want to apply for Payment Protection Insurance with my Credit Card**

By signing below, you certify that you have been made aware that the Bank will have the right to recover its outstanding card balance from your End of Service Benefits or claim funds from any other account which you may have with the Bank in the event of your demise.

Primary Applicant's Signature

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**5 Would you like a Saadiq Account?**

**Local Currency**

Please select the type of Account:

- Saadiq Current Account
- Saadiq Savings Account
- Saadiq Salary Account
- Saadiq ACTIV Account

**Foreign Currency**

Please select the type of Account:

- Saadiq Current Account
- Saadiq Savings Account
- Saadiq Salary Account

Please specify currency

- EUR
- GBP
- USD

Would you like a Joint Account  Yes  No

If yes, please complete section 1B.

**5A Saadiq Term Account**

**Currency**

- AED
- USD
- EUR
- GBP
- Other \_\_\_\_\_ (please specify)

**Amount** \_\_\_\_\_

**Term**

- Monthly
- 3 Months
- 6 Months
- 12 Months

**Renewal Instructions**

- Renew principal plus profit
- Renew only principal and credit profit to account
- Do not renew but credit to account on maturity

**Account number to be debited**

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**Date of debit**

D	D	/	M	M	/	Y	Y	Y	Y										

**5B Saadiq Credit Card**

Would you like a Saadiq Credit Card?  Yes  No

If yes, please fill out the card details in section 4 and 4a.

**6 Please consider these valuable services**

**For Main Applicant**

Debit Card  Yes  No

Name on the Debit Card (Maximum of 19 characters only)

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Electronic statements  Yes  No

Cheque book  Yes  No

Facsimile instructions accepted  Yes  No

**For Joint Applicant**

Debit Card  Yes  No

Name on the Debit Card (Maximum of 19 characters only)

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We appreciate your time and patience in providing the information. We seek your help to read and sign the declaration in the next section. Thank you for banking with us.

**Motor Insurance**

If you own a car/s and would want to take advantage of our competitive Motor Insurance cover, kindly provide the following details.

No. of cars

Renewal date Car 1  /  /

Renewal date Car 2  /  /

Renewal date Car 3  /  /

Renewal date Car 4  /  /

Renewal date Car 5  /  /

Thank you for providing the above details. We shall call you back, in advance, prior to your renewal. Alternatively you are welcome to call SCB Phonebanking with your request at any point of time.

**Home Comfort Insurance**

If you would want to take advantage of our attractive Home Comfort Insurance cover, please select one of the following options and provide the requested information below

Plan Option	Contents Sec 1 (A to K) & Sec 2	Personal Belongings Sec 3 (A & B)	Single Article (Contents)	Single Article (Personal Belongings)	Annual Premium
	AED 73,400	AED 7,340	AED 40,000	AED 10,000	AED 365
	AED 110,000	AED 19,500	AED 40,000	AED 10,000	AED 699
	AED 175,000	AED 30,000	AED 40,000	AED 25,000	AED 1,099
	AED 225,000	AED 45,000	AED 40,000	AED 25,000	AED 1,499

**Optional Cover** **Domestic Helper:**  AED 150 per annum **Important Documents:**  AED 100 per annum

Domestic Helper Name as per passport:

Domestic Helper Passport Number

Date of Birth  /  /

**Annual Premium** Plan Premium: AED  \*Annual Premium: AED

\*This would be the sum of annual premium of the plan and the optional cover premium.

**Property Details**

**Type of Home**  
 House  Bungalow  Self contained flat  Other (please specify)

**Address of Property\***

**Style of Home**  
 Detached  Semi-detached  Other (please specify)

\*If no address is provided the customers local residence address will be considered.

**Payment Options**

SCB Card  Other Bank Card

Credit Card Number  Expiry

To  
**AXA Insurance Gulf**  
 I authorize you to charge my Credit Card Account an appropriate amount in respect of premiums for my AXA Home Comfort Plan insurance. (Pls tick relevant area to indicate the card that you would want to be charged. In case you tick SCB card we would apply the premium to your existing/newly approved credit card).

Bank Account Number to Debit

To  
**SCB**  
 I authorize you to debit my SCB Bank Account an appropriate amount in respect of premiums for my AXA Home Comfort Plan insurance.

**Primary Applicant's Signature**  
 (Do not sign if Home Comfort Insurance is not required)

**General Note:** Premium is collected upfront and to ensure ongoing protection, the policy will be renewed each year subject to successful premium collection from your credit card/bank account unless otherwise advised.

## 8 Declaration

By signing this application:

- you represent and warrant that all information (including any documents) you have given to us in connection with the application is correct, complete and not misleading. (If this is not the case you may be personally liable.);
- you authorise us to verify any of the information you have given to us or your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency);
- you acknowledge that we may decline your application without giving you any reason for doing so. If this happens, no contractual relationship arises between us and you;
- you confirm and agree that we may give any information in connection with this application (including your personal information) to any service provider (whether located in or outside of United Arab Emirates) for the purposes of providing any service to you in connection with this application (including data processing);
- you agree that you will inform us when there is any change in your occupation, employer or the status of your residency in the United Arab Emirates. If we ask, you will also give us the documents to prove such a change;
- if you are applying for a Saadiq product, you declare that you have received, read and understood our Saadiq Terms and Conditions and the Service and Price Guide forming our banking agreement which are available at any of our branches or on our website at [www.standardchartered.ae](http://www.standardchartered.ae) and you agree to be bound by them. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement you give indemnities, authorisations, consents and waivers and agree to limitations on our liability;
- if you are not applying for a Saadiq product, you declare that you have received, read and understood our Customer Terms and the applicable documents referred to in Part A of our Customer Terms forming our banking agreement which are available at any of our branches or on our website at [www.standardchartered.ae](http://www.standardchartered.ae) you agree to be bound by them. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement you give indemnities, authorisations, consents and waivers and agree to limitations on our liability;
- you consent to us contacting you at the address, E-mail address and phone numbers you have provided to us, to give you information on other products and services that we, or our strategic partners, may offer;
- if you have chosen to receive statement electronically, you agree that we can send you statements for accounts by electronic mail to the e-mail address you give us;
- statement for credit card will be sent electronically to the email address registered on the bank's record. Paper statement will be available upon request (if "no" is selected for electronic statements) and charges are applicable as per the latest service and price guide. A paper statement would be sent automatically if electronic statement bounces after sufficient attempts; charges would apply;
- if you are applying to Credit Shield Insurance or Credit Secure, you declare that you have received, read and understood the insurance terms and conditions;
- if you are applying to AXA's Home Comfort Insurance, you declare that you have received, read and understood AXA's Home Comfort Terms and Conditions. You understand that for any claim for a specified item valued at more than AED 10,000 you will need to provide proof of the item's value at the time of a claim. You also agree to accept and conform to the terms of the policy when issued and understand that the maximum single article limit applicable for Contents and Personal Belongings is as per the selected plan.

\_\_\_\_\_  
Main Applicant (Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
Joint Applicant (Signature)

Date \_\_\_\_\_

### For Bank use only

Relationship Number _____	Sub Segment _____	Residency Classification _____	Service Indicator _____
Master Number _____	DSR Code _____	Sourcing ID _____	Choice of gift made by customer _____
Branch Code _____	Inter Group _____	Referral ID _____	_____
Segment	ISIC 1 _____	Closing ID _____	Employer Code _____
<input type="checkbox"/> PvB <input type="checkbox"/> PrB <input type="checkbox"/> OCC <input type="checkbox"/> Retail <input type="checkbox"/> SME	Institution Classification _____	ARM Code _____	_____

Signature of staff opening account \_\_\_\_\_

Signature of staff reviewing account \_\_\_\_\_

Name of staff opening account \_\_\_\_\_

Name of staff reviewing account \_\_\_\_\_

Account Number 

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