

Supplementary Card Application Form

Title* (Tick one) Mr. Mrs. Ms.

Supplementary Cardholder's Name*

First*

Middle

Last*

Name to appear on supplementary card*

Limit one letter per box. A maximum of 19 characters is allowed. Provide space between names.

Basic Cardholder's Number*

I would like to have a (Tick one)

- Non-Photo Card
- Photo Card (Please fill the Photo Card option section)
- Galleria (Please fill the Galleria option section)

Your desired credit limit for supplementary cardholder*

- 25%
- 50%
- 75%
- 100%

Relationship to Principal Applicant* (Tick one)

- Spouse
- Parent
- Son/Daughter
- Brother/Sister
- Friend/Cousin

Date of Birth*

D D M M Y Y

Gender* M F

Computerized NIC/ Form B / Passport Number (for foreign nationals only)*

Old NIC/ Form B Number

Mother's Maiden Name* (before marriage)
(Atleast 6 characters in length)

Galleria
Picture Card

Unique As You

**Supplementary
Card
Application Form**

A product of
UBL
Cards

Call Now: 0800 - 11 - 825

Mazay Mein Rahol

GALLERIA

Please opt for any one of the following modes in order to submit your preferred image for Galleria:

- Your Favourite Picture
- Kodak
- Picture Catalogue: code _____
- Website

DECLARATION

Important: The Basic Card Applicant and the Supplementary Card Applicant must read this information and sign below.

To UBL Credit Cards

- By signing below, I request you to issue me the Card specified on the application, and declare that:
- The information I have given on my UBL credit card application is true and complete and authorize you to check that information. I acknowledge that you rely on this information to consider my application.
 - If my application is approved, I will comply with the Cardmember Terms and Conditions and schedule of charges and pay all fees and charges referred to in the schedule of charges. I further acknowledge that I am responsible for payment of all charges and liabilities billed by you in the Card Member Statement of account.
 - If I am the Basic Card Applicant, I understand and agree that I will be liable for all charges on the Basic Card and all Supplementary Card(s). This includes charges incurred at any time until each Card is cut in half and returned to UBL, the issuer of this Card.
 - You may produce this application or a copy or other reproduction of it as evidence of my application for the Card and my agreement to this Declaration.
 - The clean financing facility availed by me, in my own name or in the names of my family members, from other banks through credit cards, is neither in excess of Rs.500,000/- nor shall it be in excess of Rs.500,000/- at any time in future including such financing facility from you.

I understand that UBL, the issuer and operator of VISA/ MasterCard in Pakistan, reserves the right to decline in full or part of this Card Application without giving a reason or without entering into any correspondence. By signing below, I agree to be bound by the Terms and Conditions of the Card Member Agreement and the Card Member Declaration. I have also read the Image Guidelines specifying the Terms and Conditions governing the issuance of Galleria and if I choose to have this card, then I agree to adhere to the Image Guidelines and be bound to the Terms and Conditions thereof.

Basic Applicant's Signature* _____

Supplementary Applicant's Signature* _____

Date: _____

Date: _____

For Bank's use only

Application Reference Number **2015428**

Channel Code	<input type="text"/>	Region Code	<input type="text"/>
Program Code	<input type="text"/>	Campaign Code	<input type="text"/>
Branch Code	<input type="text"/>	TM Code	<input type="text"/>
		SE Code	<input type="text"/>

*Please do not leave blank

Photo Card Option



SUPPLEMENTARY CARD MEMBER
Print your name and NIC Number on the back of the color photograph. Your photograph will not be returned.

2015428

Please sign within the box only

Supplementary Card Member's Name: _____

Computerized NIC / Form B / Passport Number (for foreign nationals only)*

Old NIC / Form B Number

A product of



Card Center:
UBL Head Office, State Life Building # 1, I.I. Chundrigar Road, Karachi, Pakistan.
For 24 Hour Customer Service, ☎ 0800-11-825 or visit: www.ubl.com.pk



CARD MEMBER

Print your name and NIC number on the back of the color photograph.
Your photograph will not be returned. Please ensure that the picture
attached is in compliance with the Image Guidelines. Please note
that the size of the picture should be 6" x 4"