

The American Express® E Credit Card Application Form

10% CashBack*

American Express E Credit Card Annual Fee: Rs.495/- Supplementary Card Fee: Rs.250/-

Income Eligibility & Document Requirement

For Salaried

Annual income of Rs. 200,000/- per annum.

Documentation:

Latest personal income tax return displaying an income of Rs.200,000/- per annum, acknowledged by I.T.O.

OR

Latest salary certificate or monthly payslip from employer with break-up (acceptable only if employed with the Government, a Public Limited or a Multinational Company).

OR

Copy of the Basic Credit Card and the latest Credit Card statement displaying a credit limit of at least Rs. 35,000/-

For Self-Employed

Annual income of Rs.100,000/- per annum.

Documentation:

Latest personal income tax return displaying an income of Rs.100,000/- per annum, acknowledged by I.T.O.

OR

Copy of the Basic Credit Card and the latest Credit Card statement displaying a credit limit of at least Rs.25,000/-

Note: If business income is less than Rs.100,000/- per annum, please provide the latest audited profit and loss statement and balance sheet of the company.

- Important :**
- Please complete this form in all respects and attach all documents as specified above.
 - Please ensure you complete the Automatic Payment facility (ECS) enrollment form attached for processing your Card Application.
 - Please allow at least 4 weeks for processing your Card Application.

PLEASE TELL US ABOUT YOURSELF

First Name

Middle Name

Last Name

Name as desired on the Card (Maximum 20 characters).

(Please underline one name, by which you would like to be addressed e.g. Dear Mr. Varma)

Title: Mr. Ms. Mrs. Others

Date of Birth:

Marital Status: Married Single No. of Dependents:

Sex: Male Female

Nationality: Passport No.:

PAN/GIR No.: Voters ID:

Highest Academic Qualification:

Graduate Post-Graduate Professional Others

Present Residential Address:

City: Pin:

Tel.: (With STD Code)

Mandatory Fields:

e-mail Address: @

Mobile No.:

Internet Service Provider:

Internet Login ID:

Years at Present Residence:

Residence is: Self-Owned Rented

Company Provided Other

Contact details of friend/relative in your city - not residing with you:

Name: Tel.:

Your existing relationship with us (if applicable):

American Express Cardmember: Card No.

Service Establishment: S.E. No.

American Express Bank Client: Account No.

Vehicle Ownership: Car Two-wheeler None
Main vehicle is: Own Company provided Financed
 Other:

Vehicle Make: Year of Make:

Driving Licence No.:

PLEASE TELL US ABOUT YOUR WORK

Company Name:

Office Address:

City: Pin:

Tel.: Extn.:

Fax:

Years in current job/business:

Department: Designation:

Type of Industry/Business:

You are: Salaried Self-Employed Retired

If salaried, type of firm employed with:

Govt./Public Sector Multinational Public Ltd. Co.

Private Ltd. Co. Partnership Proprietorship

No. of years employed:

If self employed, your profession is:

CA Engineer Architect Lawyer

Doctor Trader Teacher Consultant

Journalist Other (specify):

Company annual turnover: Capital investment:

No. of employees: Tenure of business:

PLEASE TELL US ABOUT YOUR FINANCIALS

Gross annual taxable income Rs.

Income from other sources No Yes, Amount: Rs.:

No. of residential/commercial properties owned:

Principal Bank Name:

Tel.: A/C. No.:

Type of Account: Savings Current Other

Yrs. held: Bank Line of Credit (overdraft): No Yes

If yes, amount Rs.

* Conditions apply

PREFERRED MAILING ADDRESS

To which address should we mail your billing statement?

Current Residential Address Business Address

EXISTING BASIC CARD DETAILS

Do you presently own a credit/charge card? No Yes

If yes, please complete the section below in full.

No. of Cards held

Please give details of the 2 most often used credit cards:

Card # 1

Bank/Issuer: No. of Years Held:

Credit Limit Rs.: Expiry Date:

Card # 2

Bank/Issuer: No. of Years Held:

Credit Limit Rs.: Expiry Date:

SUPPLEMENTARY CARD DETAILS

Supplementary Cardmembership is available at an annual fee of Rs.250 for your dependent family members above 18 years of age.

SUPPLEMENTARY CARD

Name as desired on the Card (Maximum 20 characters).

Title: Mr. Ms. Mrs. Others:
(Please specify)

Name:

First Middle Last

(Please underline one name, by which you would like to be addressed e.g. Dear Ms. Verma.)

Sex: Male Female Date of Birth:

Residence Tel. (With STD Code):

Mobile:

His/her relationship with you:

BALANCE TRANSFER

YES, I want to save more on my credit card repayments. Upon approval of my American Express Membership application, please transfer the outstanding balance from my other credit card (mentioned below) to my American Express Card Account.

Account Name: (as shown on your other credit card).

Other Credit Card Account No.:

Other Credit Card Issuing Company:

Transfer Amount Rs.:

Account Name: (as shown on your other credit card).

Other Credit Card Account No.:

Other Credit Card Issuing Company:

Transfer Amount Rs.:

- Minimum transfer amount must be Rs.5000 • Please note that The American Express® Personal Card balance cannot be transferred to The American Express E Credit Card
- Please continue to make payments until you receive confirmation that your account has been credited on a future statement. Interest will be charged at the prevailing rate on the amount transferred from the date we process your request • American Express will not be held liable for any overdue payment or interest incurred.
- We reserve the right to decline any transfer requests • Payments to your Credit Card account are applied first to transferred balances including balances benefiting from promotional interest rates • **Please enclose your latest statement of account mentioning the balance transfer amount with your signature on the statement.**

SCHEDULE OF CHARGES*

• Interest Rate	2.95%	• Service Tax as per GOI Notification	8% (applicable on all fees, interest and other service charges)
• Late Payment Charge	1.5% of outstanding subject to a minimum of Rs. 175 and maximum of Rs. 350	• Foreign Currency Charges	Conversion mark up 2%
• Over Credit Limit Charge	2.5% of the amount by which the credit limit charge is exceeded subject to a minimum of Rs. 250	• Cash Advance Transaction Fees	2.5% or Rs. 75, whichever is higher.
• Cheque Return	Rs. 150	• Dial a Draft Charges	2.5% transaction fees subject to a minimum of Rs. 75. Rs. 35 per bill for each MTNL payment processed. 2.95% finance charges.
• Record of Charge Copy	Rs. 100		
• Duplicate Statement Request	Rs. 100, if requested statement is prior to the last 3 months		

* Charges applicable as on 31 March 2004. Subsequent charges, if any, will be communicated through the Card Statement of Account or a separate letter.

CARDMEMBER UNDERTAKING

I/We, the undersigned warrant that the above information is true and correct and by signing this form, I/we above ask that an American Express Credit Card Account(s) be opened for me/us and for Credit Cards to be issued as requested (including renewal and replacement Cards).

I/We authorize American Express Bank Ltd., ("AEBL") to verify information in this application and to receive and exchange information about me/us, including requesting reports from my/our Bank, consumer credit or reference schemes. I/We authorize AEBL and its affiliates to contact these sources for information at any time, to use information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other.

I/We agree to be bound by the Terms and Conditions of use, which will accompany the Credit Card(s), if and when the Credit Card is issued to me/us.

I/We declare and undertake that the Credit Cards issued to me/us, if used overseas shall be utilised strictly in accordance with the relevant exchange control regulations issued and as amended by the Reserve Bank of India (RBI) from time to time. In the event that I/we exceed my/our entitlements as per the Exchange Control Guidelines of the RBI, we undertake to bring the same immediately to the notice of AEBL in writing. Further, I/we also agree and understand that the onus of getting my/our passport endorsed/not endorsed for any charges incurred by me/us shall lie entirely on me/us. And in the event of my failure to comply with the prevailing Exchange Control Guidelines issued by RBI, I/we shall be liable for any action under the Foreign Exchange Management Act, 1999, as amended and be debarred from the Credit Card facility either at AEBL's instance or by the RBI.

I/We understand that only upon processing of this application and if approved by AEBL, will the Credit Card number(s) be generated by AEBL. I/We hereby voluntarily, irrevocably and unconditionally agree and authorize AEBL to fill in my/our Card number in the Electronic Debit Clearing System (ECS) form, enclosed with this application form, for and on my/our behalf in the event AEBL issues the Credit Card(s) to me/us. I/We also understand that my/our such authorization to AEBL does not create or shall not be deemed as any rights/commitment/promise/obligation on part of AEBL to issue to me/us the Credit Card(s).

I/We understand that ECS instructions as placed by me/us are integral and a prerequisite to the issuance and usage of this Credit Card, if issued to me/us. I/We understand that in the event on account of any reasons whatsoever if I/we withdraw/cancel/ revoke the said ECS instructions or monies remain unpaid to AEBL from the concerned bank account on which I/we have placed ECS instructions, the said Credit Card(s) will automatically stand cancelled by AEBL.

I/We understand that the Basic Credit Cardmember will be liable for all charges incurred with the Basic Credit Card and any Supplementary Credit Card. The Supplementary Credit Cardmember accepts joint and several responsibility for all charges incurred on the Supplementary Card issued to him/her.

I/We understand that AEBL may decline this application at its absolute and sole discretion.

PLEASE SIGN

BASIC CARD APPLICANT

SUPPLEMENTARY CARD APPLICANT

Signature

Date:

Signature

Date:

Source Code

I 4 B 0 A 0 1 1 4 A

Automatic Payment facility (ECS) enrollment form

FORM A

To
American Express Bank Limited,
A, A1, A2, Enkay Centre,
Udyog Vihar, Phase - V,
Gurgaon - 122 016

Dear Sir,

Re : AUTHORISATION TO PAY CREDIT CARD BILLS THROUGH THE ELECTRONIC DEBIT CLEARING SYSTEM

d) 9 digit code number of the bank and branch appearing on the MICR cheque issued by the bank

(Please attach a cancelled blank cheque or its photocopy).

e) Account Type: _____
(Savings/Current/CC Account) with code 10/11/13

f) Ledger Folio Number: _____
(If appearing on the cheque book).

g) Account Number: _____
(As appearing on the cheque book).

Yes, I have attached a cancelled blank cheque or its photocopy.

1. Name _____

2. American Express Card Number*
3 7 6 9 _____

3. Particulars of Bank Account:
a) Name of Account Holder _____
b) Bank Name: _____
c) Branch Address: _____

**I authorise American Express to complete my Card number on approval of my Application Form.*

Signature of Basic Cardmember Date

FORM B

I, the undersigned hold a Credit Card.

I understand that "Credit Card" means any Basic Credit Card issued by American Express that has the trade mark, or logo or service mark, or the name American Express either in conjunction with any other name or otherwise on the face of it.

I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit payment of the amount of the monthly bills of my Card Account (or of any replacement/renewal Card that may be issued on the Card Account in lieu thereof) through participation in the Electronic Clearing System (ECS) of the National Clearing Cell of the Reserve Bank of India. I also unconditionally and irrevocably authorise American Express Bank Ltd., (AEBL) to raise debits for such regular payments against my

not effected for any reasons whatsoever, I agree not to hold AEBL responsible for any loss/damage/inconvenience that may arise.

I agree and understand that my bank shall be informed of this authorisation as per the enclosed letter. Also, I understand that the above instruction cannot be withdrawn/cancelled except after due intimation and with the written consent of AEBL for the payment of the Card dues.

Bank Account Number _____, with _____
_____ Bank.

I wish to pay (please tick your option):

1. Minimum Payment Due

2. A fixed percentage of total outstanding
(should be in multiples of 10%).

In figures: _____ %

In words: (_____ percent)

I hereby declare that the particulars given above are true and complete. If the transactions based on my above instructions are delayed, or are

Signature of Basic Cardmember Date

Note: Please complete in all respects

FORM C

To
The Manager
(Bank Name) _____
Bank Address _____

Dear Sir,

I, the undersigned hold an American Express Credit Card and wish to avail of the Electronic Clearing System offered by the Reserve Bank of India towards settlement of my monthly Credit Card bills.

I have a Bank Account having

Account Number _____

with your bank. I hereby authorise you to debit month on month to my above mentioned account towards my monthly dues on my Credit Card as raised by American Express Bank Ltd., (AEBL).

I further request you to inform AEBL of any change in the status of my account. In case I wish to revoke the above authorisation for any reasons whatsoever, I undertake to inform AEBL the same in writing.

Signature of Account Holder Date

***Please ensure that a cancelled blank cheque or its photocopy is attached.**