

Business Covered Cards Application Form

ADIB Business Gold Covered Card



Covered Card limit upto AED 150,000
Annual fee is as per the latest applicable fee in the schedule of charges.

ADIB Business Platinum Covered Card



Covered Card limit upto AED 250,000
Annual fee is as per the latest applicable fee in the schedule of charges.

Company Details

Company Name (as per trade license) _____

Trade License Number _____ Trade License Expiry Date _____

ADIB Account Detail

ADIB Account Number _____

ADIB RIM Number _____

Principal Cardholder Details

Full Name (as per Passport) Mr. Ms. Mrs. _____

Gender Male Female Date of Birth / /

Nationality _____

Emirates ID No. _____ Emirates ID Expiry Date _____

Passport No. _____ Passport Expiry Date _____

Email Address _____

Mobile No. _____

Mother's Name _____

Address Details _____

Card Embossing Name

Company Name

Cardholder Name

(Only alphabets and leave spaces between names)

Debit and Authority Payments

_____ % of my monthly used amount from the cover amount of the Covered Card as shown in the monthly statement date to be paid on the payment date as determined by ADIB (minimum 10%). I authorize you on the monthly payment date to debit my ADIB account no in settlement of payment due and utilized amounts as shown in my regular monthly statement.

Source of Card Cover (self-funded Covered Card)

My Account No. With the Bank

(Total of the covered limit and security amount will be debited from this account and in case of insufficient funds, the Card will not be issued)

Other _____

Supplementary Cardholder Details 1

Full Name *(as per Passport)* _____

Emirates ID No. _____ Passport No. _____

Emirates ID Expiry Date _____ Passport Expiry Date _____

Email Address _____ Date of Birth / /

Mobile Number _____

Nationality _____

Mother's Name _____

Choose Cover amount for supplementary card:

- Share full cover amount of Principal Card
- Restrict cover amount to (AED) _____ Monthly
- Share _____ % of the Principal Covered Card amount

Card Embossing Name

Company Name

Cardholder Name

(Only alphabets and leave spaces between names)

Supplementary Cardholder Declaration

I, the Supplementary Card applicant, hereby agree to be jointly and severally liable for all transactions processed by the use of the Card(s) applied for that is(are) issued by ADIB to the Principal Card applicant and/or myself, and to be bound by all the Terms and Conditions of ADIB's Covered Card and those terms and conditions mentioned herein in this application form.

Supplementary Card

Applicants Signature No. 1 _____ Date: / /

Supplementary Cardholder Details 2

Full Name *(as per Passport)* _____

Emirates ID No. _____ Passport No. _____

Emirates ID Expiry Date _____ Passport Expiry Date _____

Email Address _____

Mobile Number _____

Nationality _____

Date of Birth / /

Mother's Name _____

Choose Cover amount for supplementary card:

- Share full cover amount of Principal Card
- Restrict cover amount to (AED) _____ Monthly
- Share _____ % of the Principal Covered Card amount

Card Embossing Name

Company Name

Cardholder Name

(Only alphabets and leave spaces between names)

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Supplementary Cardholder Declaration

I, the Supplementary Card applicant, hereby agree to be jointly and severally liable for all transactions processed by the use of the Card(s) applied for that is(are) issued by ADIB to the Principal Card applicant and/or myself, and to be bound by all the Terms and Conditions of ADIB's Covered Card and those terms and conditions mentioned herein in this application form.

Supplementary Card

Applicants Signature No. 2 _____ Date: / /

Supplementary Cardholder Details 3

Full Name *(as per Passport)* _____

Emirates ID No. _____ Passport No. _____

Emirates ID Expiry Date _____ Passport Expiry Date _____

Email Address _____

Mobile Number _____

Nationality _____

Date of Birth / /

Mother's Name _____

Choose Cover amount for supplementary card:

- Share full cover amount of Principal Card
- Restrict cover amount to (AED) _____ Monthly
- Share _____ % of the Principal Covered Card amount

Card Embossing Name

Company Name

Cardholder Name

(Only alphabets and leave spaces between names)

Supplementary Cardholder Declaration

I, the Supplementary Card applicant, hereby agree to be jointly and severally liable for all transactions processed by the use of the Card(s) applied for that is(are) issued by ADIB to the Principal Card applicant and/or myself, and to be bound by all the Terms and Conditions of ADIB's Covered Card and those terms and conditions mentioned herein in this application form.

Supplementary Card

Applicants Signature No. 3 _____ Date: / /

Supplementary Cardholder Details 4

Full Name *(as per Passport)* _____

Emirates ID No. _____ Passport No. _____

Emirates ID Expiry Date _____ Passport Expiry Date _____

Email Address _____

Mobile Number _____

Nationality _____

Date of Birth / /

Mother's Name _____

Choose Cover amount for supplementary card:

Share full cover amount of Principal Card

Restrict cover amount to (AED) _____ Monthly

Share _____ % of the Principal Covered Card amount

Card Embossing Name

Company Name

Cardholder Name

(Only alphabets and leave spaces between names)

Supplementary Cardholder Declaration

I, the Supplementary Card applicant, hereby agree to be jointly and severally liable for all transactions processed by the use of the Card(s) applied for that is(are) issued by ADIB to the Principal Card applicant and/or myself, and to be bound by all the Terms and Conditions of ADIB's Covered Card and those terms and conditions mentioned herein in this application form.

Supplementary Card

Applicants Signature No. 4 _____ Date: / /

Authorization to open Mudarabah account
 By the means of signing this application form, the Principal Cardholder hereby agrees to open a Mudarabah short term investment account with ADIB for deposit of the cover amount and the profit generated by the account shall be distributed on the basis of 80% for ADIB (as Mudarib) and 20% for the Principal Cardholder (as Rab Ul-Mal). The account shall be operated in accordance with the short term investment account Terms & Conditions as stipulated in the General Terms and Conditions for Accounts and Islamic Banking Services with its amendments, except the table referred to in clause 3 of the Addendum to the General Terms and Conditions for Accounts and Islamic Banking Services (accordingly, the profit will be calculated regardless of the available balance in the account).

Authorized Person 1

Full Name _____

Emirates ID No. _____

Email Address _____

Mobile No. _____

Mailing Address P.O Box _____

Signature
 I hereby declare that this is my authorized signature

Date / /

Authorized Person 2

Full Name _____

Emirates ID No. _____

Email Address _____

Mobile No. _____

Mailing Address P.O Box _____

Signature
 I hereby declare that this is my authorized signature

Date / /

Declaration of Principal Card Holder

By way of this declaration, I hereby apply for the ADIB Covered Card ("the Card") issued by Abu Dhabi Islamic Bank ("ADIB") (subject to ADIB approval on my application). I declare that I have read and understood this application and that the information provided in this application is true and correct and I shall advise ADIB of any changes hereto.

I hereby authorize ADIB to verify any information contained in this application or disclose the contents of the application to third party(ies) including Supplementary Cardholder(s) affiliates or third party partners that ADIB enters into any cooperation with.. I accept that ADIB has the full right in its absolute discretion to accept or reject this application. I acknowledge and agree that the use of the Principal Card and/or any Supplementary Card(s), issued on my Card shall be deemed to be an acceptance of the Terms and Conditions of the Card.

I hereby declare that the email address provided by me in the application form is correct.

I hereby agree to pay any applicable fees or charges for the Card as per ADIB Schedule of Charges.

Where requested by me, I authorize ADIB to issue the Supplementary Card(s) for use on my account to any person(s) named in such request, who I confirm is/are over 18 years of age (in Gregorian Calendar). I agree that ADIB may provide information to him/her about the Card Account. I hereby undertake that the use of my Supplementary Card issued on my account shall be made under my supervision and control. I hereby agree to indemnify ADIB against any actual loss, damage, liability or costs incurred by ADIB on account of any breach by me or by the Supplementary Cardholder(s) of the Card Terms and Conditions. I acknowledge and agree that I will be responsible for the use of my Principal Card and pay the prevailing fees of the Supplementary Card(s), if any.

I understand that the Card and any Supplementary Card(s) shall remain the property of ADIB and may be recalled at any time at the sole discretion of ADIB.

I/We hereby irrevocably and unconditionally consent and authorize Abu Dhabi Islamic Bank (the "Bank") at any time and at its absolute discretion to:

- 1- Use any and all of my/our personal data, credit or financial information for any banking related purposes;
- 2- Disclose/ release any and all of my/our personal data, credit or financial information, to other banks, financial institutions third party partners, debt collection agencies, credit bureaus, and/or any credit reporting agency, each of them to be known as a Receiving Party;
- 3- Seek and obtain any personal data, credit or financial information from any bank, financial institution third party partners, debt collection agency, credit bureaus and/or any credit reporting agency, each of them to be known as a Disclosing Party, I/We hereby authorize any Disclosing Party to share and/or disclose any and all of my/ our personal data, credit and financial information with the Bank.
- 4- Pay on my behalf, any fees or charges applicable to seeking or obtaining information from any Disclosing Party. The Bank has the right to debit any amounts paid for such purposes from any of my/our accounts with the Bank . I understand and agree that such fees/charges are non-refundable.

Other than the negligence or misconduct of the Bank, I/We agree to indemnify and keep the Bank indemnified , for and/or in respect of all or any actual loss or damage arising from the use, share and disclosure of any of my /our personal data, credit and financial information with Receiving Party. I further agree to indemnify and keep the Bank indemnified for and/or in respect of all or any actual loss or damage arising from seeking/obtaining any of my personal data, credit and financial information from any Disclosing Party.

I/We understand that the Bank makes no warranty concerning the accuracy, validity, and/or completeness of any such information whatsoever sought, obtained, or disclosed by the Bank. Therefore, I understand, agree and confirm that the Bank will not be responsible for compensating me/us for any loss or damage, whether direct or indirect, that I/We may suffer as a result of the inaccuracy, invalidity and/or incompleteness of any such information.

Required Documents

Valid and Original documents:


- Trade/Professional License, Commercial Registration, Chamber of Commerce Membership Certificate, Memorandum of Association, and any subsequent amendments and Power of Attorney, Board Resolution -if any- and others as applicable
- Original valid passport and passport Copies of all Partners including Residence Visa for signatories
- Original valid passport and Emirates ID for the signer/s
- Other documents (as per financing requirements)

Acceptance of ADIB Business covered card

By the means of signing below, I/We hereby declare to Abu Dhabi Islamic Bank P.J.S.C ("ADIB") on the date hereof that we have read, understood and agreed to be bound by ADIB Covered Card Terms and Conditions for the Card type I selected above in addition to the latest applicable Schedule of Charges appended hereto and available at ADIB's website Cards section and in ADIB's various channels including but not limited to ADIB branches and Tariff Board.

Authorized Person 1	Authorized Person 2
Name _____	Name _____
Title _____	Title _____
Signature _____	Signature _____
Date _____	Date _____

Card Centre use only

Received By	Signature Verification	Document Archival
Receiver Signature & Date	Maker Signature & Date	Archiver Signature & Date
Reviewer Signature & Date	Checker Signature & Date	
Client Segment	RIM/GRIM Number	