





AMERICAN EXPRESS® PLATINUM CREDIT CARD APPLICATION FORM

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Requirements			INCOME		
Minimum Income	RM60,000 per annu	m	Annual Income/Business Income RM		
Age	Basic Card	: 21 and above	Other Income RM		
		d Applicant: 18 and above	(Please enclose supporting documents.)		
	(Age limit for applicant	s is 65)	BILLING ADDRESS AND COLLECTING BRANCH		
To expedite processing	ng, please enclose:				
	sides) or passport, supplementary appl		Bill to Home Office		
Latest BE form with activity/current acc		lary slips/Latest 3 months' savings account	Collection of Card(s) Please courier to my billing address (Note: Delivery of cards by courier is applicable to Peninsula		
	opies of your Business Registration and	latest 3 months' bank statements.	Malaysia, Sabah and Sarawak except to P.O. Box addresses).		
	er from employer confirming duration laybank account holder.	of employment contract in Malaysia and	Collect at Credit Card Desk, 1st Floor, Menara Maybank		
Note: Documents submi	itted are non-returnable. Additional docum	nents may be requested (when necessary) upon	Collect at Maybank branch		
processing. Approval is a for decline.	subject to the bank's credit assessment and	I the bank has the right not to disclose reasons	(State the branch)		
Please complete the Ap	oplication Form and fax it back to us a	at 03-2283 6245 with a copy of the relevant	SUPPLEMENTARY CARD		
documents as listed above.			Title Mr. Mrs. Ms.		
	PERSONAL DA	ATA	Name as in NRIC or Passport		
Title Mr. Mrs. Ms.			Name to appear on card (maximum 19 characters)		
Name as in NRIC or Pass	sport				
NRIC No. (New)			NRIC No. (New)		
NRIC No. (Old)			NRIC No. (Old)		
Passport No.	Nat	ionality	Passport No. Nationality		
Date of Birth			Date of Birth		
Name to appear on ca	rd (maximum 19 characters)		Designation		
	·		Relationship to Basic Cardmember		
Email			Home Address (If other than Principal Cardholder's address)		
Home Address					
Tiome / tearess			Postcode		
		Dantas da IIII	Home Tel. Office Tel.		
		Postcode	HP No.		
Home Tel.	HP No.		Credit Limit :		
Mother's Name			I would like to assign % or RM of my credit limit to my Supplementar		
	urity when verification is required).		Cardmember.		
_	wn Parents' Rela		(Note: Minimum credit limit assigned should not be less than RMI,000. Total combined credit limit cannot exceed th Basic Cardmember's approved credit limit.		
Marital Status M	larried Single No. of D	Dependants Dependants	My Supplementary Cardmember will share my credit limit.		
	EMPLOYMENT D	ETAILS	Monthly Bill		
Company's Name			 Separate Statement - Supplementary Cardholder will be sent own statement Duplicate statement - Supplementary Cardholder will be sent own statement and the copy sent to Principal 		
Office Tel.			Joint statement - Principal and Supplementary Card activities are combined and sent to Principal Cardmember		
Office Address			DECLARATION!		
			DECLARATION		
		Postcode	"I/We declare that the above information given by me/us is true and complete I/We hereby authorise you to verify information on me us and any supplementary applicant(s) from whatever source you consider appropriate from any financial institution and the Direct General of Inland Revenue Department on any information which Malayan Banking Berhad may require. I/We further agree and authority		
Nature of Business		Tostcode	the Bank to make the relevant credit references with external parties including but not limited to CCRIS, and any other credit references agencies and that in so doing the Bank shall be entitled to disclose such information as may be persessary in order for the external partie.		
			to provide the Bank with the references/confirmation sought. I/We also confirm that none of my/our spouse(s), parents and/or childre are employees of Malayan Banking Berhad or Malayan Banking Group. I/We confirm that I/we shall read the terms and conditions of		
Designation Business Classification			the Malayan Banking Berhad Credit Cardholder Agreement which have been displayed on the Malayan Banking Berhad's Maybank2u.co website and agree to be bound by them and all future amendments thereto before accepting and receiving the card(s). In the event I		
Sole Proprietorship		Government	we require a hard copy of the said Malayan Banking Berhad Credit Cardholder Agreement, I/we may request for a copy of the sar from the Bank. I/We further agree that the Principal Cardmember shall be responsible for all liabilities and obligations of the Princip Cardmember as well as those of the Supplementary Cardmember(s). The Supplementary Cardmember however, shall only be responsib		
Sdn Bhd	MNC/Public Listed	Others	for his/her own liabilities and obligations. The Bank shall reserve the absolute right to approve or reject my/our application as the Bank deems fit without assigning any reason. I/We understand the card(s) remain the property of Malayan Banking Berhad and shall be subject.		
Years Employed/In Bus	siness	_	to cancellation without notice and would be returned upon request. I/We hereby agree to you disclosing information to Bank Nega Malaysia regarding my/our credit facilities and my/our account with you, as may be required, whether pursuant to law or otherwis		
	BANKING REFERI	ENICES	Malayan Banking Berhad shall not be liable whether directly or indirectly to me/us or any other persons for such disclosure." "I/W further agree and authorise the Bank to make the relevant credit references with external parties including but not limited to CCRIS, are		
			any other credit reference agencies and that in so doing the Bank shall be entitled to disclose such information as may be necessary order for the external parties to provide the Bank with the references/confirmation sought." (For External Account Holders Only)		
Bank	A/C No.	Type of A/C Date Opened	I/We confirm that my/our borrowings from all sources within Malaysia do not exceed in aggregate RM200,000.		
			Principal Cardholder		
	OTHER CREDIT OR CHA	DCE CADDS	'		
	OTHER CREDIT OR CHA		Signature Date		
Bank	Card No.	Member Since Credit Limit	Supplementary Cardholder		
		+ +			
			Signature Date		
REFERENCE Parents/immediate family members not living with you.)			FOR OFFICE USE ONLY		
	Mr. Wrs.) Ms.			
Name		IVIS.	Name FE/CSE/RB/DSE/TSE:		
			PF No.		
Relationship			Branch: Tel. No. ()-		
Home Address			Branch Code Fax. No. ()-		
			Introduced by (Lead Generator):		
		Postcode	PF No.		
Home Tel.	Office	Tel	Branch: Tel. No. ()-		
HP No.			Branch Code Fax. No. ()-		