

SUPPLEMENTARY REQUEST FORM

Fatwa Reference No. for Credit Cards on Tawarruq Model: AMX-902-08-04-06-18
Fatwa Reference No. for Charge Cards on Tawarruq Model: AMX-359-01-01-08-15

April 2023



The American Express® Blue Card



The American Express® Gold Credit Card



The American Express® Platinum Credit Card



The AlFursan American Express® Credit Card



The Marriott Bonvoy® American Express Credit Card



The American Express Green Card



The American Express® Gold Card

Main Account Holder's ID number

Name of the American Express Cardmember authorising the issuance of Supplementary Card(s)

Please pick the plan you prefer

if choosing the American Express Green Card: ☐ Full annual fees ☐ 12 months installments

First supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

What is your purpose of using the Card? ☐ Personal Purchases ☐ Travel ☐ Cash Withdrawal ☐ All

Family Name

First Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? ☐ YES ☐ NO

If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) ☐ SMS ☐ E-mail ☐ Both ☐ None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT

X

SIGNATURE

DATE OF SIGNATURE

IMPORTANT

- Please enclose a copy of the Supplementary applicant's passport and Saudi national ID/Iqama
- Supplementary applicants should be 15 years of age and above.
- Submit the Application with the required documents to one of our offices (Riyadh, Jeddah or Khobar), or request

a direct sales agent to contact you and schedule an appointment to verify your Application. For more information, please contact Customer Service on 8001242229.

- Please complete all fields using BLOCK CAPITALS in blue or black ink.
- Please note that we cannot guarantee processing of this application if any section is not completed correctly.

Second supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

What is your purpose of using the Card? ☐ Personal Purchases ☐ Travel ☐ Cash Withdrawal ☐ All

Family Name

First Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? ☐ YES ☐ NO

If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) ☐ SMS ☐ E-mail ☐ Both ☐ None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT

X

SIGNATURE

DATE OF SIGNATURE

Third supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

What is your purpose of using the Card? ☐ Personal Purchases ☐ Travel ☐ Cash Withdrawal ☐ All

Family Name

First Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? ☐ YES ☐ NO

If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) ☐ SMS ☐ E-mail ☐ Both ☐ None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT

X

SIGNATURE

DATE OF SIGNATURE

Fourth supplementary applicant

Please spell out your name in English as it appears in your passport and as you would like it to appear on your Card using no more than 26 letters and spaces. Note that a fee will be charged if the Card needs to be replaced due to an incorrect name provided below:

Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

What is your purpose of using the Card? ☐ Personal Purchases ☐ Travel ☐ Cash Withdrawal ☐ All

Family Name

First Name

Date of Birth

Relationship

Passport No.
(Mandatory for Non-Saudis only)

ID or Iqama No.

Are you a person with a disability? ☐ YES ☐ NO

If yes, please provide accredited medical reports or supporting documents.

Mobile No.

Email address (Mandatory)

Marketing Communications preference (Tick One) ☐ SMS ☐ E-mail ☐ Both ☐ None

I have read and understood the Cardmember Agreement at www.americanexpress.com.sa/termsandconditions and agree to be bound by the same. By signing below, I certify that I agree to the Terms and Conditions governing the Card and to receiving the Initial Disclosure Statement, Product Summary and Consumer Protection Principles electronically.

SIGNATURE OF SUPPLEMENTARY APPLICANT

X

SIGNATURE

DATE OF SIGNATURE

SIGNATURE OF MAIN CARDMEMBER AUTHORISING ISSUANCE OF SUPPLEMENTARY CARD(S)

X

SIGNATURE

DATE OF SIGNATURE

American Express Saudi Arabia. P.O.Box 6624, Riyadh 11452, Saudi Arabia, Tel.: 8001242229 or (+96611) 2926666