

YOUR BANK REFERENCE

Byblos Customer: Yes No

No. of Years with Byblos Bank: _____

Settlement Account Details:

Bank: _____ Branch: _____ Account No.:

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Other Bank Reference:

Bank Name	Branch	Account Type	Balance	No. of Years

Your Liabilities I do not benefit from any loan I benefit from the following

Loan Type (Housing, Personal, Car, Other)	Bank / Company Name	Loan Amount	Monthly Installment	No. of Remaining Installments

Other Credit Cards:

Bank Name	Type	Payment%	Limit	Outstanding Balance

Your Assets (Real Estate, Car, Other):

Nature	Ownership (%)	Value

MAILING ADDRESS & SERVICES

I want my mail sent to: Employment Address Residential Address SMS Service Yes No

DECLARATION

I hereby apply for the issue of Byblos Bank S.A.L. Card(s) and declare that the information included in this application is true and correct and authorize Byblos Bank S.A.L. to verify this from whatever sources that he may choose. I accept that Byblos Bank S.A.L. is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. I acknowledge that the use of my Card and any Supplementary Card issued on my account will be subject to the Terms and Conditions of Byblos Bank S.A.L. Cardholder Agreement (which may be amended from time to time). I authorize Byblos Bank S.A.L. to issue Supplementary Card(s) for use on my account to the person(s) named who is over 18 years of age and agree that you can provide information to him/her about the account. I acknowledge that the accounts operated in conjunction with the card service will be subject to the terms and conditions which govern the ATM facility as stated in the Cardholder Agreement (which may be amended from time to time). I acknowledge that my accounts related to the card may be processed in a third party provider company whose offices are outside Byblos Bank S.A.L. premises and could ultimately be disclosed to its relative staff who might not be employed by any branch of Byblos Bank S.A.L. I confirm my agreement to this course of action and do clearly waive my rights under Banking Secrecy Law. I authorize you to send me all correspondence, statements and notices through regular mail, any private distribution company or electronic mail. For this purpose, I do clearly waive my rights under Banking Secrecy Law of 3 September 1956. I do hereby acknowledge reading the terms and conditions, cardholder-agreement, of Byblos Bank S.A.L. and accept all terms therein.

Date: _____

Signature of Primary Card Applicant: _____

OPTIONAL

I hereby ask the Bank to place this photograph on my card on my full responsibility. The Bank shall not be held liable, in any way whatsoever, in this respect.



Please write your name on the reverse side of your photo

For Bank Use Only

Branch: _____

Staff Name: _____

Security: _____

Approval Reason: _____

Card Account: _____

Documents* Required for Processing Card Application:

1) Copy of valid ID or passport, 2) Original employment confirmation letter from employer, 3) Copy of trade license and bank statements for the last 6 months (if self-employed), 4) Bank statements of account for the last 6 months where salary/income is transferred, 5) Copy of self owned car registration, 6) Copy of valid ID or passport for supplementary applicants, 7) Proof of residence.

*Documents submitted with the card application are the bank's property.