



# Supplementary Card Application Form

## Primary Credit Card Applicant Information

Last Name:  First Name:  Middle Name:   
 ID Type:  ID #:  ID Expiry Date:  Credit Card Number:

## Supplementary Cardholder 1

Title:  Last Name:  First Name:  Middle Name:   
 Marital Status:  Single  Married  Widowed  Divorced  Other   
 Gender:  Male  Female Occupation:   
 Date of Birth:  (Must be 15 years or older) Contact Number:  -   
 ID Type:  Driver's License  Passport  National ID  Other Government Issued  
 Number:  ID Country of Issuance:  ID Expiry Date:   
 Residential Address: Door:  Street:  Street 2:   
 Street 3:  Sector:  City/Town:  PO/Zip Code:   
 Parish:  Country:   
 TRN/SSN:  Email:  Requested Card Limit:  % of Primary:   
 Relationship to Cardholder:  Signature:  Date:

## Supplementary Cardholder 2

Title:  Last Name:  First Name:  Middle Name:   
 Marital Status:  Single  Married  Widowed  Divorced  Other   
 Gender:  Male  Female Occupation:   
 Date of Birth:  (Must be 15 years or older) Contact Number:  -   
 ID Type:  Driver's License  Passport  National ID  Other Government Issued  
 Number:  ID Country of Issuance:  ID Expiry Date:   
 Residential Address: Door:  Street:  Street 2:   
 Street 3:  Sector:  City/Town:  PO/Zip Code:   
 Parish:  Country:   
 TRN/SSN:  Email:  Requested Card Limit:  % of Primary:   
 Relationship to Cardholder:  Signature:  Date:

### Supplementary Cardholder 3

Title:  Last Name:  First Name:  Middle Name:

Marital Status:  Single  Married  Widowed  Divorced  Other

Gender:  Male  Female Occupation:

Date of Birth:  (Must be 15 years or older) Contact Number:  -

ID Type:  Driver's License  Passport  National ID  Other Government Issued

Number:  ID Country of Issuance:  ID Expiry Date:

Residential Address: Door:  Street:  Street 2:

Street 3:  Sector:  City/Town:  PO/Zip Code:

Parish:  Country:

TRN/SSN:  Email:  Requested Card Limit:  % of Primary:

Relationship to Cardholder:  Signature:  Date:

### Supplementary Cardholder 4

Title:  Last Name:  First Name:  Middle Name:

Marital Status:  Single  Married  Widowed  Divorced  Other

Gender:  Male  Female Occupation:

Date of Birth:  (Must be 15 years or older) Contact Number:  -

ID Type:  Driver's License  Passport  National ID  Other Government Issued

Number:  ID Country of Issuance:  ID Expiry Date:

Residential Address: Door:  Street:  Street 2:

Street 3:  Sector:  City/Town:  PO/Zip Code:

Parish:  Country:

TRN/SSN:  Email:  Requested Card Limit:  % of Primary:

Relationship to Cardholder:  Signature:  Date:

It is understood that by signing, activating and/or using the JN VISA Credit Card, the Applicant has accepted the terms and conditions set out in the Credit Card Cardholder Agreement. The applicant understands and accepts that the terms and conditions of the Agreement may change from time to time and consents to JN informing of changes to said Agreement through traditional or electronic mail; or, via branch, Member Care Centre or corporate website. Regardless of whether credit is granted, the Applicant consents to JN exchanging information with other parties, including law enforcement authorities, entities within the JN Group and overseas associates, contractors, card issuers and card processors, or any other entity reasonably required in the ordinary course of business, concerning the Applicant's credit history, income and/or employment. Further, the Applicant agrees that JNBS may share information about the Credit Card Account through licensed credit reference agencies, credit bureau and other financial institutions. Shared information from these agencies or institutions is to make lending decisions and to prevent fraud. The Applicant certifies under penalties of perjury that the information provided in this Application is accurate and correct. By signing below the Applicant and all authorized users agree to the conditions contained herein.

Primary Cardholder's Signature:  Date: