

CBD Corporate Card PROGRAM SET-UP APPLICATION

Travel and Entertainment Purchasing Card

Customer Details

Name of the Customer: _____

Name of Customer in English as it should appear on each Card (not to exceed 21 characters including spaces)

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Corporate Bank A/c No.:

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Program Details

CBD Travel & Entertainment Limit AED: _____

And / or

CBD Purchasing Card Limit AED: _____

Choice of Billing and Payment

Centrally billed and settled through Company Bank A/c No.:

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Delegation of Authority

On Behalf of the customer, I/We nominate the following personnel, whose signatures are attested below, to perform the following queries on our above mentioned CBD Corporate card program/Purchasing card account. The required details of the personnel are mentioned here with for verification reasons:

(A) Enquire on the CBD Corporate card Account for details of the transactions, billings and payments, request for statements, card replacements and card cancellations.

Name of Staff	Passport No.	Date of Birth	Signature	Card Type
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

(B) Request enhancements of card limits up to AED _____

1. Name : _____ Designation : _____

Signature : _____

2. Name : _____ Designation : _____

Signature : _____

Statement Dispatch Instructions

Please send the monthly consolidated CBD Corporate Card statement(s) to the attention of:

Name: Mr. /Mrs. /Ms.: _____

Office Tel.: _____ Ext: _____ Mobile: _____

Email: _____ Fax: _____

P.O. Box: _____ City: _____

Mailing Address: _____

Contact Person in Case of Emergency (24 Hours)

Name: Mr. /Mrs. /Ms.: _____

Office Tel.: _____ Ext.: _____ Mobile: _____

Authorized Signatories Sign-Off

On behalf of the customer, I/We authorize Commercial Bank of Dubai to debit the total amount outstanding on our Card Account to our above mentioned Account on each Payment Due Date. I/We agree to be bound by the Commercial Bank of Dubai Terms and Conditions, a copy of which has been provided to us.

The persons nominated below as authorized signatories to issue all instructions relating to our CBD Corporate card program, including cancellation of any card(s), the addition of any card(s), amendment of the card Total Limit(s) or any other acts or instruction in relation to our CBD Corporate Card program.

Authorized Signatories

Acting together / individually (delete as appropriate)

Authorized Signatory - 1

Name: _____

Designation: _____

Date: _____

(Signature and Company Seal)

Authorized Signatory - 2

Name: _____

Designation: _____

Date: _____

(Signature and Company Seal)

For Bank Use Only

Branch Use

Account Authorized Signatories Signature(s) verified: Yes No

Signature: _____

CVX rating: _____ RIM No. : _____

Branch Name: _____

RM Name: _____ RM Signature: _____

Credit Department Use

Approved Not Approved

Total Limit Approved AED: _____ Sanctioning Authority: _____

Card Management Use

RIM No. : _____ Sweep A/C: _____

Process Date: _____

Card Relationship number: _____

Signature: _____