

The Singapore Airlines KrisFlyer American Express® Gold Credit Card
Minimum Income: RM48,000

YES, I would like the convenience of the Maybankard Touch n' Go Zing

KrisFlyer Membership

I am an existing KrisFlyer member. My KrisFlyer Membership no. is

No. I am not an existing KrisFlyer member. I understand I have to be a KrisFlyer member to apply. Please enrol me.

Personal Details

Mr Mrs Ms

Full Name (as in NRIC or Passport):

Address:

Town: Postcode:

New I.C. No.:

Old I.C. No.:

Mother's Maiden Name:

Name to be embossed on the Singapore Airlines KrisFlyer American Express® Gold Credit Card (maximum of 19 characters)

Occupation:

Monthly Salary:

Email:

Telephone (H):

Hand Phone (HP):

Employer's Name & Address:

Employer's Telephone No.

Signature of Principal Applicant:

Date:

Supplementary Information

Please enclose / fax a copy of supplementary applicants' NRIC (both sides) or Passport (foreigners only). To qualify, applicants must be 18 years or above.

Mr Mrs Ms

Name as in NRIC or Passport:

Name to be embossed on the Singapore Airlines KrisFlyer American Express® Gold Credit Card (maximum of 19 characters)

New I.C. No.:

Old I.C. No.:

Date of Birth:

Passport No.:

Relationship to Principal Cardmember:

Employer's Name & Address:

Postcode:

Employer's Telephone No.:

Designation:

Annual Income:

Signature of Supplementary Applicant:

Date:

Facility Limit

I would like to assign % or RM of my facility limit to my Supplementary Cardmember.

(Note: Minimum facility limit assigned should not be less than RM1,000. Total combined facility limit cannot exceed the Principal Cardmember's approved facility limit.

My Supplementary Cardmember will share my facility limit.

Documents Required

A. If you are a Principal Credit/Charge Cardmember from other local banks, just fill in the details below:

Bank

Card No

B. If you do not have a credit/charge card, just enclose

- Latest 1 month pay-slip

C. If self-employed

- Form B
- Business Registration

Terms & Conditions

I/We declare that the above information given by me/us is true and complete. I/We hereby authorize you to verify information on me/us and any supplementary applicant(s) from whatever source you consider appropriate from any financial institution and the Director General of Inland Revenue Department on any information which Malayan Banking Berhad may require. I/We also confirm that none of my/our spouse(s), parents and/or children are employees of Malayan Banking Berhad or Malayan Banking Group. I/We confirm that I/We shall read the Terms and Conditions of the Maybank American Express Card Agreement and agree to be bound by them and all future amendments thereto before accepting and receiving the card(s). I/We further agree that the Principal Cardmember shall be responsible for all liabilities and obligations of the Principal Cardmember as well as those of the Supplementary Cardmember(s). The Supplementary Cardmember however, shall only be responsible 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 to cancellation without notice and would be returned upon request. I/We hereby agree to you disclosing information to Bank Negara Malaysia regarding my/our credit facilities and my/our account with you, as may be required, whether pursuant to law or otherwise. Malayan Banking Berhad shall not be liable whether directly or indirectly to me/us or any other persons for such disclosure.



Mail to **Maybank**,
Direct Sales, Sales Management,
40th Floor, East Wing, Menara Maybank,
100 Jalan Tun Perak, 50050 Kuala Lumpur



Fax to **03-2713 0238**

Important Note: To avoid duplication, please don't mail this acceptance form if you have faxed it to us



For further enquiries, please call
03-2295 8877
(office hours only)

FOR BANK'S USE ONLY

Processing Branch Code MBB: