

Please carefully complete the required information below. If your application relates to a joint account, please use a separate form for each party requiring a card. Once complete please print, sign and send to PrivateBanking@eabplc.com

Title:

Mr Mrs Miss Other _____

First name:

Surname / Family name:

Date of birth:

Nationality:

EAB 6 digit customer number:

EAB account number to be linked to the card:

Card currency:

USD GBP

Address (where we will send the card):

Mobile number (for SMS service):

Alternative telephone number:

Data Protection

The personal data which you provide to us on this form will be used for the purposes of: (i) administering your application and, if such application is successful, operating and administering the service, which may include passing your personal data to a third party solely for the purpose of credit checking; and (ii) sending you information about products and services and/or the products and services of the Arab Bank Group. Our Privacy Notice [<https://www.eabplc.com/PrivacyPolicy>] contains further information about how we collect, handle, store and transfer your personal data.

We will pass your personal data where we are obliged to do so, to any regulatory authority by which we are regulated and in accordance with any legal requirement which applies to us.

In order to process your personal data for the purposes described above, we may transfer your personal data outside the UK to other members of the Arab Bank Group but we will always ensure that the transfer is lawful and that appropriate safeguards are in place before your personal information is transferred.

Our Privacy Notice also sets out any rights that you may have under applicable data protection legislation and how to exercise these rights.

Please tick the box if you do not wish to receive information on our other services or products.

Declaration and Signature

By signing this agreement you confirm that:

- You request and authorise us to issue an EAB Visa Debit Card and PIN and from time to time replace the card with any debit card covered by this agreement
- You have read and agree to be bound by the Private Banking Terms & Conditions (Personal Accounts) including the Scale of Charges, the Supplemental Conditions for the EAB Visa Debit Card Terms and Conditions (and any fees referred to within them) and any other Supplemental Conditions that apply
- The information you have provided to us is true and complete to the best of your knowledge
- You will notify us immediately if any details stated on this application form change
- You authorise us to make any enquiries that we consider necessary to confirm the details on this form.

Customer signature

Name in full:

Specimen signature:

Date:

TO BE COMPLETED BY THE BANK:

Date received:

RM name:

RM signature: