

Diners Card Application Form

Please complete, print and mail along with the required documents to the address below. Call Toll Free: 800 244 0244 or send an e-mail to dcemail@emailsrv.com if you have any questions:

The Marketing Division
Diners Club International
P.O. Box 7684
Jeddah 21472

1. Personal Information:

Full Name:

Your name to appear on the card. It should be as per your passport:

Birth Date: - -

Civil Status: No. of Dependents:

Country:

2. Home:

Street Name: Street No.:

Building Name/No.:

District: City:

P.O. Box: Postal Code:

Home Phone: Home Fax:

Mobile: Years at the Present Address:

Own House: Market Value (SAR) On Rent: Amount PA (SAR):

Company Provided (SAR):

Personal E-Mail Address:

Car (Brand/Model): Year:

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3. Education:

Granting Institution:

4. Work and Finances:

Company Name:

Position:

If Others, please enter here.

Years in Service:

Bldg. Name/No.:

Street: District:

P.O. Box: Postal Code:

Direct Telephone Line: Fax No.:

Central Phone: Extension No.:

Office E-Mail Address:

If worked less than 2 years, state company name and address of previous employer:

Finances:

Annual Income (Basic+Housing+Travelling) : Additional Income/Source (SAR):

If married and your spouse also works, Gross Annual Income (SAR):

Spouse's Place of Work:

Other Credit Cards:

	Card Number:	Credit Limit	Member Since
1.	<input type="text"/>	<input type="text" value="-"/> <input type="text"/>	<input type="text" value="-"/> <input type="text"/>
2.	<input type="text"/>	<input type="text" value="-"/> <input type="text"/>	<input type="text" value="-"/> <input type="text"/>
3.	<input type="text"/>	<input type="text" value="-"/> <input type="text"/>	<input type="text" value="-"/> <input type="text"/>

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5. Payment of Choice:

6. Mailing Instructions:

1. Correspondence to:

2. E-mails to:

7. Additional Card:

Please issue an additional card to a member of my family

Full Name:

Relationship:

*Please attach passport copy

Your name to appear on the card. It should be as per your passport.

Additional Card Applicant's Signature: _____ Date:

8. Card Fees:

Annual Membership Fee SAR 300 (First Year FREE!)

Additional Card Fee SAR 150 (First Year FREE!)

9. Declaration:

I affirm by signing below that all information given above including that of any additional card (s), are true and correct and authorize Diners Club to verify them from any sources and exchange them with other institutions. Upon issuance of the card(s), this application and its supporting documents shall become an integral part of the Terms and Conditions. I acknowledge that the signature of or use of my card and any additional card(s) issued on my instructions will deem a formal approval by myself of the Terms and Conditions of the Card Agreement which will be mailed to me along with the card(s). The monthly statements shall be considered to be conclusive evidence of my indebtedness for using the card(s) and I hereby unconditionally and irrevocably undertake to pay the amounts due on my card and that of any additional cards.

Signature of Main Applicant : _____ Date:

Requirements:

1. Copies of your Passport and ID/Iqama
2. Copy of CR or Letter from Company confirming Position, Salary, Start Date, etc.
3. Copies of three months Bank Statements & Other credit cards' statements.

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