

Business Services  
 Part 2

 BP ID: \_\_\_\_\_  
 (For office use only)

Complete this application in full using block letters and black ink only. This is a legal document and all alterations must be signed in full and correction fluid may not be used. Ensure that all necessary documentation accompanies the application. Incomplete forms will delay the application process.

 Return to : Diners Club S.A. (PTY) Ltd. Private Bag X67, Auckland Park, 2006. Email Address [custserv@dinersclub.co.za](mailto:custserv@dinersclub.co.za)

 Diners Club International use  New Customer  Amend existing customer information

Business Information		
Business Name		
Cardholder Information		
Title:	Initials:	Surname:
First Name:	Middle Name (optional)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd)	
Contact details		
Contact Telephone	Country code	Number
Contact Mobile	Country code	Number
Email address		
Of the above contact methods, how would you prefer to be contacted? <input type="checkbox"/> Telephone <input type="checkbox"/> Mobile <input type="checkbox"/> Email		
Preferred contact time <input type="checkbox"/> Anytime <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings		
Identification		
Identity type	Number	Issuing country
Passport	Number	Issuing country
Passport Expiry date (yyyy/mm/dd)		
Visa/permit information (Complete if you have a Visa or Permit)		
Visa or Permit Type	Number	
Issue date (yyyy/mm/dd)	Expiry date (yyyy/mm/dd)	
Residence (Complete if a foreign passport has been captured)		
Nationality	Country of residence	
Country of birth		
Country of citizenship		
Where you ever a South African Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential Address (Proof of address required)		
Street Name	Number	
Suburb	City	
Country	Postal code	
Postal Address		
PO Box	Suburb	
Country	Postal code	

Employment / Occupation		
Employment start date	Employee number	
Business Address		
Street Name	Number	Suburb
City	Country	Postal code
Rewards		
<p>Would you like your Card to be linked to either one of the below rewards programs? If yes, choose one.  <i>If you are already a member of the selected rewards programme, please fill in your membership number.            If you are not already a member you will need to apply for a number directly with the selected Frequent Flyer Programme and you will be required to advise us of the number once it has been issued for us to link it to your Card</i></p>		
<input type="checkbox"/> ClubMiles <span style="float: right;">ClubMiles number: _____</span>		
<p>You hereby apply to link your Card to the ClubMiles programme subject to their terms and conditions available to you on the Diners Club website, which you have read and accepted and agreed to be binding on you</p>		
Signature of Card Holder		
<input type="checkbox"/> South African Airways Voyager <span style="float: right;">SAA Voyager number: _____</span>		
<p>You hereby apply to link your Card to the South African Airways Voyager programme, subject to their terms and conditions available to you on the South African Airways website, which you have read and accepted and agreed to be binding on you.</p>		
Signature of Card Holder		
<input type="checkbox"/> British Airways Executive Club <span style="float: right;">BA Avios number: _____</span>		
<p>You hereby apply to link your Card to the British Airways Executive Club programme subject to their terms and conditions available to you on the British Airways website, which you have read and accepted and agreed to be binding on you.</p>		
Signature of Card Holder		
Card Limit Information		
Card Limit required	R _____	
Card and Statement delivery		
Card Delivery Address		
Street Name	Number	
Suburb	City	
Country	Postal code	
Statement Delivery		
<p>Send the monthly statement by:</p> <input type="checkbox"/> By email <input type="checkbox"/> By post to the postal address given in this application		
Email address: _____		

### Financial Intelligence Act Declaration (Mandatory)

*Prominent Influential Persons (PIPs) are individuals entrusted with prominent public functions either domestically or by a foreign country.*

*Examples are heads of state or governments, important political party officials, military officials or senior executives of state owned corporations.*

*This term also includes immediate family members and close associates.*

Are you a public official in a position of authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you related to or associated with a public official in a position of authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What is the nature of your relationship or association? *(if the answer to question 2 is yes)*

<input type="checkbox"/> Spouse /Partner	<input type="checkbox"/> Son/Daughter
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
<input type="checkbox"/> Business Partner	<input type="checkbox"/> Close associate

Please provide the full name and surname of the public official/s in a position of authority that you are related to or associated with. (If the answer to question 2 is yes)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Consent

#### Fraud

I give Diners Club permission to carry out identity and fraud prevention checks on me, and to share the information about the application with the South African Fraud Prevention Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### Permission to market products or services

As part of our service, we would like to give you information on products and services that the Group, and other companies offer which we believe may benefit you . Because we regard your personal information as confidential, we need your consent to share it with the Group for marketing purposes. The Group means our affiliates, associates, subsidiaries and divisions together with our holding company.

<b>I consent to :</b> Diners Club communicating other companies products, services and special offers to me. If I respond positively to such communication, that company may contact me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Diners Club contcating me for research purposes (The research companies we use follow strict codes of conduct and treat customers information as confidential)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Diners Club marketing its products, services and special offers to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Diners Club sharing my personal information within the Group for marketing purposes and the Group then marketing its products, services and special offers to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Being contacted with regards to the optional additional travel insurance mandate available on my Diners Club card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have failed to indicate your preference, we will assume that you have replied “yes” to these questions

### Cardholders Signature

_____ Signature	_____ Date
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**Approval by the primary account holder**

The Primary Account Holder hereby approves the issuing of this Card applied for in this application form, linked to the Diners Club Corporate Primary Account granted on account number:

Primary Account Holder Rubber Stamp:

\_\_\_\_\_

\_\_\_\_\_  
Name of Authorised Signatory

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorised Signatory

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Diners Club internal use**

Diners Club Controlling centre

Accepted by Diners Club: Date

Declined by Diners Club: Date

**Know Your Customer (KYC)**

Has the customer complied with KYC requirements?

Yes

No

**KYC requirements**

Proof of Company address

Proof of ID's

**Bank Representative (if applicable)**

Name

ISIC code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Personnel number

\_\_\_\_\_  
Date

Diners Club is a Registered credit provider (NCRCP983)

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