## Pre-allocated / Profile update Form



Membership Number:												
(mandatory)  Please complete the entire form in English, then post or fax to Privilege Club Member Service Centre on (+974) 44626313.												
Application forms that	are incomp	lete or ille	egible c	annot b	e process	ed.						
							Telephone nu	umber:				
Title (Mr/MRS/MS):							Country and		A === =====	Niverban		
First Name:							Country code	•	Area code	Number		
Middle Name:							Fax number Country code		Area code	Number		
Family Name/ Last Name:							Country code	;	Area code	Number		
							Mobile numb	er				
Gender:	Male	•	Fen	nale			Country code	•	Area code	Number		
Date of Birth						(dd/	mm/yyyy)					
Passport Number:							Preferred lan	iguage	English	Arabic		
ID Number:							Marketing co	nsent:		ould like to receive o	communications and nd Privilege Club.	
Nationality:									Voc Iw	auld like to receive	nommunications and	
Email address								Yes, I would like to receive communications and offers from Privilege Club partners.				
Privilege Club communications including e-statements, e-newsletter and marketing offers will be sent to the e-mail address you have provided.  Such consent may also be given or revoked by you at any time.												
Preffered mailing address:	Home address Company address						Request for	Replaceme	nt Card			
Address P.O box							Yes			No		
City							0					
State/Province							Signature					
Postal/Zip Code:							Date					
Country:												
Job title:												
Company Name:												
Department:						1						