

Application for Supplementary Credit Card

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Bank's Name]

[Bank's Address]

[City, State, Zip Code]

Dear [Bank Manager's Name],

I am writing to request the issuance of a supplementary credit card to be added to my existing account [Your Credit Card Number].

I would like to apply for a supplementary card for [Name of the Person for whom you are applying the supplementary card], who is my [Relationship to the Person].

Please find attached the necessary documents required for this application, including identification proof and income details of the applicant.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]