



Membership Rewards® Enrolment Form

© amexmr@mcb.mu

☎ MCB Payments SBU, MCB Building, Saint Jean, Quatre Bornes

Enrol to the MCB American Express Membership Rewards® Programme

Cardmember's title (Mr./Mrs./Miss/Dr etc.):
Cardmember's name:

	American Express® Card(s) Number
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X X X X X X X <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X X X X X X X <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X X X X X X X <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Cardmember's signature:

Date: / /

Please send your completed form by email to amexmr@mcb.mu
For more information, send "MCB Amex" by SMS to 8188, email the AMEX Team on amexmr@mcb.mu or visit mcb.mu
Note: A fee of Rs 250 per annum is applicable for the Membership Rewards® Programme