

# UOB BIG HEARTS LITTLE ONES MASTERCARD APPLICATION FORM



United Overseas Bank Limited, 238B Thomson Road, #05-01 Novena Square, Singapore 307685. Tel: 1800 22 22 121.  
Fax: 6356 6266, 6353 3013, 6253 1181. Website: [www.uobgroup.com](http://www.uobgroup.com) Company Reg No.: 193500026Z



**Documents Required:** Please return this form upon full completion, together with a copy of your both sides Identification Card and with the following documents. For Employees: Latest IR8A Form, last 6 months' original CPF statements or computerised payslips for the past 3 months. For Self-employed: Copies of the past 2 years' Income Tax Assessment Forms and last 3 months' bank statements. For Foreigners: In addition to the above, a copy of your valid Employment Pass and Passport.



Yes, I'd like to apply for ☐ MasterCard Classic ☐ MasterCard Gold

**IMPORTANT:** For Singapore Citizens and Permanent Residents: minimum income for Classic Card is S\$30,000 p.a. and Gold Card is S\$48,000 p.a. For Foreigners: S\$80,000 p.a. or if you do not meet the minimum income requirement, a Fixed Deposit collateral of 1.5X the credit limit is required.  
**ANNUAL CARD FEE (inclusive of GST)** Classic Card : S\$36. Gold Card: S\$125.

**Note:** If you are already an existing UOB Phone Banking customer, your UOB Credit Card account will be linked to your current Access Code and PIN. If you are not an existing UOB Phone Banking customer, a new Access Code and PIN will be sent to you upon approval of your UOB Credit Card application.

PLEASE TELL US ABOUT YOURSELF																															
Name as in NRIC/Passport/PR* (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr																															
Name to appear on Card (within 19 spaces)																															
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NRIC/Passport/PR* No.				Nationality				Date of Birth Day Mth Yr																							
Highest Educational Qualification				Race				Marital Status				Sex																			
Local Home Address																															
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Tel				Hp				No of Dependents:																							
E-Mail Address																															
Residential Status: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parent's <input type="checkbox"/> Rental \$ per month																															
Residential Type: <input type="checkbox"/> HDB-3Rm/4Rm <input type="checkbox"/> HDB-5Rm/Executive Apartment <input type="checkbox"/> Executive Condo/HUDC <input type="checkbox"/> Private Apartment/Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Bungalow																															
Years there Months there																															
Bill To: <input type="checkbox"/> Home <input type="checkbox"/> Office				Employment Pass Expiry Date																											
YOUR WORKPLACE																															
Name of Employer/Business* <input type="checkbox"/> Tick here if self-employed																															
Office Address																															
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Telephone & Ext.																															
Position				Type of Business				Years There																							
Basic Monthly Income				Annual Gross Income																											
Other Income				Online CPF-Statement Submission <input type="checkbox"/> Yes <input type="checkbox"/> No																											
If Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer:																															
Position				Type of Business				Years There																							

YOUR CREDIT REFERENCES																															
Are you an existing UOB Customer <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Credit Card(s) Presently Held:																															
<input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> DBS <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC <input type="checkbox"/> OCBC <input type="checkbox"/> Amex <input type="checkbox"/> Others, please specify <input type="checkbox"/> None																															
YOUR FAMILY																															
Mother's Maiden Name (for emergency identification purposes)																															
Spouse's Name as in NRIC/Passport/PR*										NRIC/Passport/PR* No.																					
Name of Relative or Friend Not Staying With You								Relationship				Tel																			
FREQUENT FLYER REGISTRATION																															
<input type="checkbox"/> Yes, please link my UOB Credit Card account to my Frequent Flyer membership for future conversion of UNi\$ to Frequent Flyer miles.																															
My KrisFlyer Membership No. - -																															
My Asia Miles Membership No. - -																															
A S\$10 conversion fee will be charged to your Card for each conversion of UNi\$ to frequent flyer miles.																															
SWELL-THE REWARDS NETWORK REGISTRATION																															
<input type="checkbox"/> Yes, I would like to link my following accounts to the SWELL Rewards Network Shell Card/Escape Card No. (Only principal and non-corporate)																															
7 0 2 7 8 7 - - - - -																															
SingTel Red Rewards Customer ID - - - - -																															
CARD PIN REQUEST																															
<input type="checkbox"/> Yes, I would like to request a Card PIN which will allow me to obtain cash advances from ATMs locally and worldwide with my Credit Card.																															
UOB GROUP ACCOUNT LINKAGE & CARD PIN																															
<input type="checkbox"/> Yes, I would like to access my UOB Group account(s), including NETS payments, with my Credit Card.																															
UOB Current Account No. - - - - -																															
UOB Savings Account No. - - - - -																															
Language Choice: <input type="checkbox"/> English <input type="checkbox"/> Chinese																															
CREDITSHIELD																															
<input type="checkbox"/> Yes, I wish to enrol in UOB Creditshield for just S\$0.23 a month for every S\$100 (or any part thereof) in my monthly outstanding UOB Credit Card balance. No premium will be charged if the balance is zero.																															
I declare that I am under 60 years of age and that I have not been hospitalised in the last 12 months nor suffered from any physical defects, injuries or impairments, and that I am in good health. I agree to be bound by the terms and conditions of the policy to be issued. Pursuant to Section 25(5) of the Insurance Act (Cap142), you are to disclose, fully and faithfully, all the facts as you know them or ought to know them. Failure to do so may render the policy issued void.																															
Signature _____																															
SUPPLEMENTARY CARD APPLICATION																															
Name as in NRIC/Passport/PR* (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr																															
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NRIC/Passport/PR* No.				Nationality				Sex		Race		Date of Birth Day Mth Yr																			
Tel				Hp																											
E-Mail Address																															
Annual Income								Relationship to Principal Applicant																							

UOB CASHPLUS APPLICATION				
<input type="checkbox"/> Yes, I would like to apply for UOB CashPlus (personal line of credit)				
Applicant must be a Singapore Citizen or Permanent Resident of Singapore between 21 and 55 years of age. A copy of both sides of your identification card is also required. First year annual fee of S\$50 waived. (For new UOB CashPlus customers only and not applicable with any other promotions).				
UOB PERSONAL INTERNET BANKING				
A UOB Personal Internet Banking Username and Password will be mailed to you. This gives you access to your card account information online.				
If you are an existing UOB Personal Internet Banking customer, your Credit Card account will be automatically linked to your existing username.				
DECLARATION OF APPLICANT(S) (IMPORTANT: PLEASE READ BEFORE SIGNING)				
1. I/we hereby agree and represent to the Bank that:- (a) the particulars and information furnished by me/us herein and in all documents are true and accurate. The Bank is hereby irrevocably and unconditionally authorised by me/us to contact any person to obtain and/or verify any information required by the Bank, to retain all documents submitted by me/us, and to disclose all such information relating to me/us or the Card(s) account(s) to any person as you deem fit including but without limitation the Consumer Credit Bureau. I/we undertake that in the event any information becomes inaccurate or misleading or changed in any way whether before this application is approved or whilst the Facility is outstanding, I/we shall promptly notify the Bank of any such changes; and (b) at the time of this application, I/we am/are not an undischarged bankrupt and there has been no statutory demand served on me/us nor legal proceedings commenced against me/us; and 2. I/we consent and authorise the Bank to communicate with me/us with respect to this application by electronic mail or any other means the Bank may deem appropriate at my/our address set out in this application. Without prejudice to the aforesaid, I/we authorise you to send the Card(s), personal identification number, all statements of account, and other communications to the Principal Card applicant by ordinary mail at his sole risk or allow the same to be collected by the Principal Card applicant 3. In respect of the Card: a) I/we request you to issue the Card(s) applied for by me/us and to continue to renew and replace it/them until such time as the Card account(s) are terminated; and b) I/we agree that the Principal Cardmember is responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees or any other fees/charges) and each Supplementary Cardmember is responsible for his/her liabilities incurred in respect of his/her Card; c) I/we agree that approval of this application is at the Bank's sole discretion, and the Bank is entitled to reject the application without assigning reason or notice to me/us; and d) I/we understand that the Terms and Conditions of the UOB Cardmember Agreement, will be sent with the Card(s) and I/we agree to be bound by such Terms and Conditions upon receipt or acceptance of or signing on or use of the Card(s) unless you have received my/our return of the Card(s) cut into two half. e) I agree to abide by all terms and conditions governing the SWELL Rewards Network 4. In respect of the CashPlus Facility, I further agree that upon receipt or acceptance of or signing on the Debit Card to be issued in connection with the CashPlus Facility or by utilising the Facility or the Debit Card I shall be deemed to have received, read, fully understood and agreed to be bound by all terms and conditions governing the UOB CashPlus Facility. The terms and conditions are set out in the following:- (i) the Terms and Conditions Governing UOB CashPlus (ii) the UOB Debit Card Agreement Terms and Conditions (iii) the UOB Call Centre Service Terms and Conditions (iv) the ATM Card Terms and Conditions (v) the Terms and Conditions of UOB Personal Internet Banking relevant copies of which will be sent to me upon the Bank's approval of this application, save for document no. 4(v) above which may be viewed on the Bank's website at <a href="http://www.uobgroup.com/PUBTnC.htm">www.uobgroup.com/PUBTnC.htm</a> . 5. I/we irrevocably and unconditionally agree to be bound by the Terms & Conditions of UOB Personal Internet Banking Access.				
Principal Applicant's Signature/Date			Supplementary Applicant's Signature/Date	
FOR BANK USE				
Remark				2024
Bankwide CIF Number		Country Code	Identity Type	
Credit Limit	Census	Billing Cycle	Industrial Code	Occupation Code
Type of Residence	Branch Staff Code	Freend	Card Fee Date	
Review Code	Monitor Code	Expiry Date	Card Type	Officer Code
Approval Code		CreditShield	Officer Name	Approval Name

\* Please delete where appropriate.  
The provision of this application form does not automatically indicate that United Overseas Bank Limited will accept the contents and issue a UOB Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatsoever.