

# UOB CashPlus Application Form

**United Overseas Bank Limited Tel: 1800 222 2121 Fax: 6438 5251 Website: [uobgroup.com/cashplus](http://uobgroup.com/cashplus)**

**Eligibility:** Singapore Citizens or Permanent Residents, aged between 21 and 55, earning a minimum income of S\$30,000 per annum    **Annual Fee:** S\$60    **(First-year Annual Fee Waiver)**

|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Please submit the following documents and tick against the supporting documents which you will submit.</b></p> | <p><b>For Salaried Employees</b></p>                                                                                                                                                                                                                                                                                                                    | <p><b>For Commission-Based Employees or Self-Employed</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                      | <p><input type="checkbox"/> A photocopy of Pink/Blue NRIC (front and back) AND</p> <p><input type="checkbox"/> Latest computerised/electronic payrolls OR</p> <p><input type="checkbox"/> Last six months' CPF statements (printout must indicate your name and NRIC No.) OR</p> <p><input type="checkbox"/> Latest Income Tax Notice of Assessment</p> | <p><input type="checkbox"/> A photocopy of Pink/Blue NRIC (front and back) AND</p> <p><input type="checkbox"/> Latest Income Tax Notice of Assessment</p> <p><b>Please note that any application not accompanied by documents or with incomplete information will delay processing. The Bank reserves the right to request more documents.</b></p> <p><b>Are you submitting your CPF statements online?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> |

**Please complete all fields to expedite processing.**

| YOUR RELATIONSHIP WITH THE BANK                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------|--|--|--|--|-------------|--|--|--|--|
| Existing UOB Credit Card Customer                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                         |  |  |  |  |             |  |  |  |  |
| Existing Customer of other UOB products                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                         |  |  |  |  |             |  |  |  |  |
| TELL US ABOUT YOURSELF                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Name as in NRIC/Passport (underline surname)                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| NRIC/Passport Number                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  | Singapore Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |  |  |  |             |  |  |  |  |
| Nationality                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Country of Residence                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Date of Birth (Day/Month/Year)                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  | Race                                                                                                             |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                                                                                                         |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Highest Education Attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 'A' Level <input type="checkbox"/> 'O' Level                                                                                       |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| <input type="checkbox"/> 'N' Level <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Others (please specify)                                                                                                       |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| No. of Dependents                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  | Home Telephone                                                                                                   |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Office Telephone                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  | Mobile Telephone <sup>†</sup>                                                                                    |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Email Address                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Home Address (please do not provide P.O. Box address)                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  | Postal Code |  |  |  |  |
|                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Residence Is <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' Others' <input type="checkbox"/> Rented at S\$ _____ per month                                                                            |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Residence Type <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Terrace                                                                                                                                   |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| <input type="checkbox"/> Private Apt/Condo <input type="checkbox"/> Exec Condo/HUDC <input type="checkbox"/> HDB-5Rm/Exec Apt <input type="checkbox"/> HDB-3Rm/4Rm                                                                                         |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Years at Residence                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |                                                                                                                  |  |  |  |  |             |  |  |  |  |
| Yrs <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; vertical-align: middle;"></span> Mths <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; vertical-align: middle;"></span> |  |  |  |  |  |  |  |  |  | Bill to: <input type="checkbox"/> Home <input type="checkbox"/> Office                                           |  |  |  |  |             |  |  |  |  |

| YOUR EMPLOYMENT DETAILS                                                                                                                                                                                                                                                                                                                              |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name of Employer                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| <input type="checkbox"/> Tick box if Self-Employed                                                                                                                                                                                                                                                                                                   |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  | Length of Service Yrs <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> Mths <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin: 0 5px;"></div> |  |  |  |  |
| Office Address                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  | Postal Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Type of Business (please tick one box only)                                                                                                                                                                                                                                                                                                          |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| PU <input type="checkbox"/> Government<br>FI <input type="checkbox"/> Financial Services<br>CO <input type="checkbox"/> Construction<br>CI <input type="checkbox"/> Computer & IT<br>MF <input type="checkbox"/> Manufacturing<br>RT <input type="checkbox"/> Retail Trade<br>TR <input type="checkbox"/> Transportation                             |  |  |  |  |      |  |  |  |  | IN <input type="checkbox"/> Insurance<br>PR <input type="checkbox"/> Professional Services<br>HO <input type="checkbox"/> Hotel<br>BU <input type="checkbox"/> Engineering<br>BS <input type="checkbox"/> Business Services<br>BU <input type="checkbox"/> Real Estate<br>ED <input type="checkbox"/> Education Services           |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Others (please indicate) _____                                                                                                                                                                                                                                                                                                                       |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Occupation (please tick one box only)                                                                                                                                                                                                                                                                                                                |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| OP <input type="checkbox"/> Administrative Executive<br>MG <input type="checkbox"/> Director/Managing Director<br>TS <input type="checkbox"/> Engineer/Engineering Assistant<br>TS <input type="checkbox"/> Teacher/Principal<br>EX <input type="checkbox"/> Executive/Officer/Associate<br>PF <input type="checkbox"/> Financial Controller/Auditor |  |  |  |  |      |  |  |  |  | EX <input type="checkbox"/> Marketing Executive<br>PF <input type="checkbox"/> Licensed Professional<br>OP <input type="checkbox"/> Sales Executive/Sales Assistant<br>TS <input type="checkbox"/> Technician<br>MG <input type="checkbox"/> Manager<br>SE <input type="checkbox"/> Self-Employed Director/Sole Proprietor/Partner |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Others (please indicate) _____                                                                                                                                                                                                                                                                                                                       |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Basic Monthly Income S\$                                                                                                                                                                                                                                                                                                                             |  |  |  |  |      |  |  |  |  | Annual Gross Income S\$                                                                                                                                                                                                                                                                                                            |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Other sources of Income S\$                                                                                                                                                                                                                                                                                                                          |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Name of Previous Employer (please provide if your current employment is less than three years)                                                                                                                                                                                                                                                       |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Type of Business                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Length of Service                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |      |  |  |  |  | Occupation                                                                                                                                                                                                                                                                                                                         |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Yrs                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  | Mths |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| YOUR PERSONAL REFERENCES                                                                                                                                                                                                                                                                                                                             |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Name of relative or friend not living with you                                                                                                                                                                                                                                                                                                       |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Relationship                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |      |  |  |  |  | Home Telephone                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| Office Telephone                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |      |  |  |  |  | Mobile Telephone                                                                                                                                                                                                                                                                                                                   |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |      |  |  |  |  |                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                         |                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|-------------------------------------------|--|
| <b>CREDIT CARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                         |                                           |  |
| Please select the UOB Credit Card which you would like to apply and enjoy a one-year fee waiver.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                         |                                           |  |
| <input type="checkbox"/> VISA Platinum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Lady's Platinum Card# | <input type="checkbox"/> ONE Card       | <input type="checkbox"/> SINGTEL Platinum |  |
| <input type="checkbox"/> MasterCard Platinum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Lady's Card#          | <input type="checkbox"/> Visa Signature |                                           |  |
| <p>*One-year waiver or any other offer, whichever is better (refer to respective credit card application forms for more information).</p> <p>#Lady's Card and Lady's Platinum Card are exclusively for female applicants only.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                         |                                           |  |
| <b>UOB PERSONAL INTERNET BANKING/PHONE BANKING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                         |                                           |  |
| If you are already an existing UOB Personal Internet Banking/Phone Banking customer, your UOB CashPlus account will, upon approval, be linked to your current Username/Access Code and Password/PIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                         |                                           |  |
| If you are not an existing UOB Personal Internet Banking/Phone Banking customer, a new Username/Access Code and Password/PIN will be sent to you upon approval of your UOB CashPlus application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                         |                                           |  |
| <b>DECLARATION AND AUTHORISATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                         |                                           |  |
| By signing below,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                         |                                           |  |
| I hereby warrant and represent to the Bank that the particulars and information furnished by me herein are true and accurate. Further, I am aware and agree that approval of this application is at the Bank's sole discretion, and the Bank is entitled to reject the application without assigning any reason or giving notice to me.                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                         |                                           |  |
| I also warrant that all copies of the documents submitted are true copies, and shall become and remain the property of the Bank. I hereby authorise the Bank to obtain and verify any information about me at the Bank's discretion. I hereby consent that the Bank may, at any time without liability to me, disclose any information relating to me on any of my account which I may have with the Bank, to any third party as the Bank may deem fit at the Bank's absolute discretion (including without limitation the Consumer Credit Bureau, the Bank's branches worldwide and its servants, agents, correspondents and independent contractors) whenever the Bank considers it in its interest to make such disclosure. |                                                |                                         |                                           |  |
| I hereby unconditionally agree to be bound by the following Terms and Conditions/agreement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                         |                                           |  |
| 1) Terms and Conditions Governing UOB CashPlus. 2) Terms and Conditions Governing Accounts and Services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                         |                                           |  |
| 3) Additional Terms and Conditions Governing Accounts and Services. 4) Terms and Conditions of UOB Personal Internet Banking Access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                         |                                           |  |
| I understand that copies of the Terms and Conditions numbered 1 to 3 above are available for my inspection at any UOB branch; that copies of thereof will be sent to me upon the Bank's approval of my application; and that I may view the agreement numbered 4 above on the Bank's website at <a href="http://www.uobgroup.com/PUBTrnC.htm">www.uobgroup.com/PUBTrnC.htm</a> .                                                                                                                                                                                                                                                                                                                                               |                                                |                                         |                                           |  |
| I agree to be bound by all the Terms & Conditions/Agreement stated above upon my receipt or acceptance of or signing on or use of the UOB Cashplus facility ("the Facility") unless the Bank has received my return of the UOB ATM CARD given with the Facility cut into half.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                         |                                           |  |
| Where I have applied for the UOB Credit Card, I agree to be bound by such Terms and Conditions (as may be amended or supplemented from time to time) upon receipt or acceptance of or signing on or use of the Card unless the Bank has received my return of the Card cut into half.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                         |                                           |  |
| I hereby authorise the Bank to link my UOB CashPlus account and (if I have also applied for a UOB Credit Card) my UOB Credit Card account upon approval to my current Username(s) and Password(s) for use of UOB Personal Internet Banking services. If I do not have any UOB Personal Internet Banking account, a new Username/Access Code and Password/PIN will be sent to me upon approval of my UOB CashPlus application.                                                                                                                                                                                                                                                                                                  |                                                |                                         |                                           |  |
| I confirm that at the time of this application, I am not an undischarged bankrupt and there has been no statutory demand served on me or legal proceedings commenced against me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                         |                                           |  |
| I agree that if any of the information given herein becomes inaccurate or misleading or changes in any way, whether before the application is approved or while the Facility is existing, I shall promptly notify the Bank of such changes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                         |                                           |  |
| I consent and authorise the Bank to communicate with me with respect to this application by electronic mail or any other means the Bank may deem appropriate at my respective address(es) set out in this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                         |                                           |  |
| In the event that my UOB CashPlus account is closed or terminated for whatever reason within 12 months from the date of the opening of the UOB CashPlus account, I agree that the Bank is entitled to claim from me the amount equivalent to the price of any welcome gifts which the Bank has given to me upon approval of my application. I hereby authorise the Bank to debit my UOB CashPlus account for the amount equivalent to the price of such gifts as determined by the Bank.                                                                                                                                                                                                                                       |                                                |                                         |                                           |  |

  

|  |       |
|--|-------|
|  | Box A |
|  |       |

  

|                                                                                     |  |  |  |  |
|-------------------------------------------------------------------------------------|--|--|--|--|
| <b>Applicant's Signature</b> (Please sign as you would for all future transactions) |  |  |  |  |
| <b>Date:</b>                                                                        |  |  |  |  |

  

| FOR BANK USE    |     |       |              |               |
|-----------------|-----|-------|--------------|---------------|
| IA/0706FO       |     |       |              |               |
| 2 0 0 9         |     |       |              |               |
| Bankwide CIF No | C L | Cen   | B C          | I C           |
| Q C             | A I | B S C | F reend      | C F D         |
| Q L             | E D | C T   | Officer Name | Approver Name |

# Funds Transfer Form



 **Yes! I want to transfer funds  
at 0%\* per annum for six months!**  
Simply apply by 31 December 2008 to enjoy the promotional rate.

| Approved Funds Transfer Amount | Processing Fee |
|--------------------------------|----------------|
| S\$500 to less than S\$10,000  | 2% p.a.        |
| S\$10,000 or more              | 1.5% p.a.      |

| PERSONAL DETAILS                                                        |                                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------|
| Name                                                                    | NRIC Number                                              |
| FUNDS TRANSFER                                                          |                                                          |
| Name of Bank                                                            | Account Number                                           |
| Account Name<br>(as in your other bank/credit card/credit line account) | Transfer Amount (Min, S\$500, rounded to nearest dollar) |

\*Promotional interest rate is only applicable to the first six months. Thereafter, the prevailing interest rate will apply. Up front processing fee of the approved transfer amount will be debited from your CashPlus account together with the approved transferred amount.

Please read these Terms and Conditions carefully. A UOB CashPlus account holder ("Applicant") may, subject to the Terms and Conditions herein, apply to transfer the outstanding balance ("Funds Transfer") on his/her bank/credit card/credit line account(s) held with any bank in Singapore, other than United Overseas Bank Limited (the "Bank") to the Applicant's UOB CashPlus Account (the "Account") under the UOB CashPlus Funds Transfer promotion ("Promotion").

1. The Funds Transfer Promotion ("Funds Transfer Promotion") is open to any Applicant whose Account is in good standing as determined by the Bank.
2. The Funds Transfer amount shall not be less than S\$500 for each Funds Transfer and shall not exceed 90% of the Applicant's available credit limit at the time of the application ("Approved Amount").
3. Funds transfer from your UOB CashPlus account to any UOB account with an overdraft facility is not permitted.
4. The Approved Amount to be transferred shall be determined by the Bank at its sole discretion without giving any reasons whatsoever.
5. The Bank reserves the right to decline any Funds Transfer request (including and not limited to request to credit to bank/credit card/credit line account(s) denominated in foreign currencies) at its sole discretion without giving any reasons whatsoever.
6. The Promotional Interest Rate ("Promotional Interest Rate") is applicable only to the Approved Amount and not to existing balances incurred on your Account.
7. Any approved funds transfer amount shall first be drawn from any credit balances available in your UOB CashPlus account at point of debit. The Promotional Interest Rate is only applicable on the utilised limit of your CashPlus account.
8. The Promotional Interest Rate is valid for the duration of the Promotional Tenor with effect from the date the Bank approves the Funds Transfer request ("Promotion Period") and the Bank's prevailing interest rate shall apply to all amount utilised in excess of the Approved Amount during the Promotional Period.
9. Any existing deposits will not enjoy the Promotional Interest Rate.
10. The Bank shall ordinarily require a minimum of five banking days (excluding Saturdays) to process the Funds Transfer request or such other period as the Bank may determine from time to time at its sole discretion.
11. Payments made to the Applicant's CashPlus account if less than the amount then owing, will be funded by the Bank to interest fees, principal or any amount due in such proportions and order and generally in such manner as the Bank deems fit. The prevailing interest rate will apply for balances exceeding such amounts to be decided at the sole discretion of the Bank provided that it shall not apply to the Funds Transfer amount.
12. Without prejudice to generality of the foregoing, the Bank is expressly authorised by the Applicant to transfer and disclose to any credit bureau recognized by the Monetary Authority of Singapore ("MAS") under or pursuant to the Banking Act (Chapter 19) (the "Act"), and any fellow member or subscriber as may be recognized as such by MAS, any information relating to the Applicant's Account(s) with the Bank (and for such purposes) as may be permitted under or pursuant to the Act.
13. The Applicant shall be fully liable (in accordance with the Terms and Conditions Governing UOB CashPlus) for any and all amount debited to the CashPlus Account to settle the Funds Transfer to credit to the Applicant's other bank/credit card/credit line account(s), as the case may be.
14. It is the Applicant's sole responsibility to ensure that there are sufficient funds in his/her Account to meet all payments including but not limited to any standing orders for payment, GIRO transfers and/or cheques drawn on the Applicant's Account. The Bank takes no responsibility for any loss, damage, cost and/or expenses incurred by the Applicant as a result of insufficient funds in the Applicant's Account to meet such payments.
15. The Bank reserves the right to amend, add or vary any these Terms and Conditions of the Promotion from time to time either by giving the Applicant written notice or in such other manner as the Bank may select in its absolute discretion.
16. UOB UNIS points will not be awarded for such funds transfer transactions. All reward programme terms and conditions apply.
17. The Bank's decision on all matters relating to the Promotion shall be at its discretion and shall be final and binding on the Applicant.

CPFT-V1.2-200806

**IMPORTANT:** Please continue to make the minimum monthly payments until you receive a letter of confirmation from United Overseas Bank Limited approving the Funds Transfer. The Bank will not accept funds transfer to another UOB card account or unsecured credit facility issued by UOB, whether or not held in your name(s). **In addition to the above, please visit our website [uobgroup.com/cashplus](http://uobgroup.com/cashplus) for full set of the terms and conditions governing UOB CashPlus.**

**Sign on Box A and B to take up the Funds Transfer Promotion**

|       |
|-------|
| Box B |
|       |

| FOR BANK USE   |  |              |               |
|----------------|--|--------------|---------------|
| IA/IABT0200    |  | IA/IABT0150  |               |
| CCOD           |  | Credit Limit | Interest Rate |
| Interest Rate  |  | Tier 1       |               |
| Processing Fee |  | Tier 2       |               |
| Approved by    |  | Total        |               |

**Please send us your application with this prepaid business reply folder.**

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE**  
**PERMIT NO. 07850**



**UNITED OVERSEAS BANK LIMITED**  
UOB CASHPLUS  
ROBINSON ROAD P.O. BOX 1688  
SINGAPORE 903338

Postage will be  
paid by licensee.  
For posting in  
Singapore only.