UOB LADY'S CARD AND LADY'S PLATINUM CARDMEMBERSHIP APPLICATION FORM

United Overseas Bank Limited

Tel: 1800 22 22 121. Fax: 6356 6266, 6253 1181. www.uobgroup.com

VES I WOULD LIVE TO ADDLY FOR

Existing UOB Principal Cardholders only need to complete 1, 2, 4, 12 and sign under 13. For your convenience, no income documents will be required if you meet the minimum income requirement. If you have had a change of employment, please complete 2 and attach your updated income documents.

For CashPlus, please complete all the fields in sections 1, 2, 3, 4, 5 and signed under 13. Please submit all required documents stated in section 12.

Rame as in NRIC/Passport/PR* (in block, underline surname) Ms Mrs Mdm Dr Name to appear on Card (within 19 spaces) NRIC/Passport/PR* No. Nationality Date of Birth (DDMMYY) Highest Educational Qualification Race Marital Status NRIC/Passport/PR* No. Nationality Date of Birth (DDMMYY) Highest Educational Qualification Race Marital Status Local Home Address: House/Bilk Unit # - No. of Dependents Street Mobile* No. of Dependents No. of Dep	J U	ЭВ	Lady	's Ca						ūι	JOB	Lady	's Pla	ıtinur	n Ca	rd		JI. 01	,			
NRIC/Passport/PR* No. Nationality Date of Birth (DDMMYY) Fighest Educational Qualification Race Marital Status	Nam	ne a	s in I	NRIC	/Pass													Mdm	□ D	r		
Address	Nam	ne to	app	ear c	n Ca	rd (w	/ithin	19 s	space	es)												
Address			Ť	T	Т	Ť			Ť	Ť	Т	Т	T			П	Т	Т	Т			Π
Address	NIDI		2000	ort/DI	D* No					NI.	ation	ality				Da	to of	Dirth	/DD	10.40.40	/V)	
Correct Employer Descriptions Compared in Previous Employer Descriptions	WI III	0/1	азэр	01011	II INC	<i>,</i>				'`	alion	anty				Da		Dirtir	(00	IVIIVI	,	
Correct Employer Descriptions Compared in Previous Employer Descriptions	Hinh	est	Edu	cation	nal O	ualifi	ratio	n		B	ace					Ma	rital	Statu				
Street	ııgı	1001	Luu	outioi	iui u	uum	ouno			''	uoo					1410	inai	Otato				
Street	ററാ	al H	ome	Δddr	966.	Но	nuse/	Blk		Г			Un	it #			Ι_					Τ
Postal Code S No. of Dependents	_	_		Tudir	T	- 110	1						011									+
Mobile Mobile No. of Dependents	Stre	et										-										+
Mobile Mobile No. of Dependents												_										╄
Residential Status: Owned Mortgaged Parent's Rental S\$													Pos	tal C	ode	S						
Residential Status: Owned Mortgaged Parent's Rental S\$ per month Residential Type: HDB-3Rm/4Rm HDB-5Rm/Executive Apartment Executive Condo/HUDC Private Apartment/Condominium Terrace Semi-Detached Bungalow Rears There Months There	ēl								Мо	bile#						No.	of D	eper	dent	ts		
Residential Status: Owned Mortgaged Parent's Rental S\$ per month Residential Type: HDB-3Rm/4Rm HDB-5Rm/Executive Apartment Executive Condo/HUDC Private Apartment/Condominium Terrace Semi-Detached Bungalow Rears There Months There		_:: :																				
Residential Type:																						
Private Apartment/Condominium Terrace Semi-Detached Bungalow Rears There																_						
Months There Months There Months There Months There Still To: Home Office Employment Pass Expiry Date Months There Tick here if self-employed Months There Mo	res	aer	itial 1	ype:																		
3. YOUR WORKPLACE Same of Employer/Business*		_			_	171176	аге А	μαιτι	Hent	CON						oein	-Det	aune	u 🔟	Dung	yaiUV	v
3. YOUR WORKPLACE Same of Employer/Business*	/ear	s T	here									Mont	ns Th	ere -								
Diffice Address	Bill T	Го:	⊒ Но	me I	Off	ice			Emp	oloyn	nent l	Pass	Expi	y Da	te							
Office Address Diffice Address) V	OLII	D \A/	ΔD	V DI	AC	-							
Office Address	Nam	ne n	f Fm	nlove	r/Rus	ines	s*	•). I	UUI	K VV	UK	NPL	AC.		⊃ Tio	k he	re if o	elf-e	mnlo	wed	
Type of Business (please tick one) Postal Code S	· •an	10 0		pioyo		,,,,,											JK 110		JOII 0	пріс	you	
Type of Business (please tick one) Postal Code S	Offic	e A	ddre	ss								Π										Т
Type of Business (please tick one) PU Government In Griannold Services In Griannold Serv			T	T .																		+
Type of Business (please tick one) PU Government In Griannold Services In Griannold Serv	\dashv																					+
Type of Business (please tick one) PU Government In Griannold Services In Griannold Serv	_								-			-				_						╀
Government RT Retail Trade RU Engineering RU Business Consultancy RU Engineering RU Business Consultancy RU Business Consultancy RU Real Estate RU RU Ru Ru Ru Ru Ru Ru													Pos	tal C	ode	S						
TR Transportation BU Business Consultancy Document of the professional Services BU Business Consultancy BU Business Consultancy BU Business Consultancy BU Real Estate BU Real Estate BU Real Estate BU Real Estate BU Business Consultancy BU Real Estate BU Business Consultancy BU Real Estate BU Business Consultancy BU Real Estate BU					(please	e tick o	one)	В	т Пв	Rotail '	Trade				Б		Engin	oprina				
Contract No. PR PR Professional Services ED Education Services HO Hotel PR Hondurfacturing HO Hotel PR Professional Services ED Education Services HO Hotel Professional Services ED Education Services HO Hotel Professional Services ED Education Services ED Education Services HO Hotel Professional Services ED Education Services Education Services ED Education Services Educatio	FI 0	Fin	ancia	Servi	ces			Т	R 💷 1	ransp	ortatio	n			Е	U 💷	Busine	ess Co	nsulta	ancy		
Occupation (please lick one) Description (please lick one) EX/EX Executive/Officer/Associate Description (please lick one) EX/EX Executive/Officer/Associate TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) PF/PF Licensed Professional SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) Description (please indicate) PF/PF Licensed Professional TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) Description (please indicate) PF/PF Licensed Professional TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) Description (please indicate) TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) TS/FE Technicians MG/MG Managers SE/SD Self employed Directors/ Sole Proprietor/Partners Description (please indicate) TS/FE Technicians MG/MG Managers TS/FE Technicians TS/FE Technicians MG/MG Managers TS/FE Technicians MG/MG Managers TS/FE Technicians TS/FE Techni	CI C	Co	mpute	r & IT				Р	R 🗆 F	rofes		Servio	es						ervice	s		
Decupation (please tick one) DrAD Administrative Executive EXEX Executive/Olicer/Associate PF/FC Financial Controller/Auditors TS/TE Technicians TS/TE TS/								Н	0 🗆 1	lotel												
DPIAD	Othe	rs (p	lease	indica	te)													Ш				
MG/DR _ Director/Managing Director SISEN _ Engineer/Assistant SISEN _ Engineer/Engineer Assistant SISEN _ Engineer/Engineer Assistant SISEN _ Licensed Professional SISEN _ SISEN _ Set employed Directors/ Sole Proprietor/Partners Others (please indicate)								EV	/EV I) Evo	outivo/	Oficor	Accoci	ato	0)/CC	□ Cal	oc Evo	outivo	/Salas	Accie	tant
SE/SD Self employed Directors/ Sole Proprietor/Partners	MG/D	R 🗆	Direc	tor/Ma	naging	Direct	tor	PF.	/FC [☐ Fina	ncial (Control	ler/Aud		TS	/TE	☐ Tec	hniciar	าร	Jaics	Assis	ıaııı
Others (please indicate) Contact No. Basic Monthly Income Annual Gross Income Other Income Source(s) and Amount(s) of Any Other Income Gross Income Online CPF-Statement Submission Yes No Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer		J [l Engi l Teac	neer/Er ner/Prir	ngineei ncipal	r Assis	tant			⊒ Mar ⊒ Lice	keting nsed F	Execu Profess	tive sional		MC SE	S/MG /SD	☐ Mai ☐ Sel	nagers f emplo	oved D)irecto	rs/	
Contact No. Years There Basic Monthly Income Annual Gross Income Other Income Source(s) and Amount(s) of Any Other Income Online CPF-Statement Submission Yes No Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer																	Sol	e Prop	rietor/I	Partne	rs	
Basic Monthly Income Annual Gross Income Other Income Source(s) and Amount(s) of Any Other Income Online CPF-Statement Submission Yes No † Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer	Othe	rs (p	lease	indica	te)													Ш				
Source(s) and Amount(s) of Any Other Income Online CPF-Statement Submission Yes No f Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer	Contact No. Years There																					
Source(s) and Amount(s) of Any Other Income Online CPF-Statement Submission Yes No f Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer	_	_								_						+-						
Grant Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer	Basi	c N	onth	ly Inc	ome					Ann	ual G	iross	Inco	me		Ot	her I	ncom	ne			
Grant Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer	Source(s) and Amount(s) of Any Other Income Online CDE Statement Submission																					
Name of Previous Employer	Juu	000	o) di	iu All	iouill	(3) (1)	Ally	Oth	61 IIIC	JUITE						OF F			ıı ou	צווווט	JOH	
Occupation Type of Business Years There	f Cu Nam	rrer e of	t Em Prev	ploym ious E	ent is Emplo	less yer	than	3 уеа	ars, pl	ease	fill up	this	portio	n:								
Type of business rears there	200-	ınat	ior						Type	of P	icinc					V-	arc T	hore				
	اناناد	ipat	IUII						rype	OI BI	usine:	55				re	ars I	nere				

ELIGIBILITY: The UOB Lady's Card and Lady's Platinum Card is exclusive to female applicants. To apply, applicants must be aged 21 years and above.

• For Singapore Citizens and Permanent Residents: minimum income of \$\$30,000 p.a. (UOB Lady's Card) and \$\$50,000 p.a. (UOB Lady's Platinum Card)

• For Foreigners: minimum income of \$\$80,000 p.a. or if you do not meet the income requirement, a minimum Fixed Deposit Collateral of \$\$10,000 (UOB Lady's Card) and \$\$50,000 (UOB Lady's Platinum Card) is required. ANNUAL CARD FEE (Inclusive of GST): UOB Lady's Card – \$\$60 & UOB Lady's Platinum Card – \$\$180.

SUPPLEMENTARY CARD FEE (Inclusive of GST): UOB Lady's Card - S\$30 & UOB Lady's Platinum Card - S\$90 (Applicable to 2nd Supplementary Card).

DOCUMENTS REQUIRED: Please return this form upon full completion, together with a copy of both the Principal and Supplementary Applicants' Identification Cards (both sides) 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.

Existing ŬOB Credit Cardmembers: Latest income documents as above if you wish to have your Credit Limit updated or there has been a change in your previous employment

urrent Access Code and PIN. If you are not an existing UOB Phone Banking customer, a new Access Code and PIN will be sent to

OTE: If you	ou are approv	alrea al of	ady ar your	exist UOB C	ing U redit	OB Ph Card	none B applic	ankir ation	ng cus	tome	r, you	r UOE	3 Credi	it Card	d acco	unt w	ill be	linke	d to y	our c
					4. \	/OU	IR C	RE	DIT	RE	FEF	REI	ICE:	S						
Are you						mer′	? 🔲 Y	es [」 No											
UOE		_	Citiba						_			Char	tered			HSB	С			
OCE	BC .		Ame	K			thers	•		_	-						_		None	/
							5.	ΥO	UR	FAI	MIL'	Y								
Mother	's Ma	iden	Nam	e (for	eme	erger	ncy ide	entifi	catio	n pui	pose	es)								
Spouse	's Na	me a	as in	NRIC	/Pas	spor	t/PR*						NRI	IC/Pa	sspo	rt/PF	t* No).		
Name	of Rel	ative	or F	riend	not	stayiı	ng wit	h yo	u	Re	latior	ship)		Te					
						6.	CAI	RD	PIN	RE	QU	ES'	Т							
☐ Yes, and wo						ard F								sh ad	vance	es fro	m A	ΓMs I	ocally	,
				7.	UΟ	ВG	ROI	JP.	ACC	col	JNT	LII	NKA	GE						
☐ Yes,	I woul	d like	e to a	ccess	my	UOB	Grou	p ac	count	(s), i	nclud	ing N	NETS	paym	ents	with	my C	redit	Caro	l
UOB S	aving	s Acc	count	No.]-[]-[]-[
UOB C	urren	t Acc	ount	No.		Т	7-[T] - [1-Г	1						
				8. F	RF	OU	FNT	FI	YFF	R	FGI	STI	RATI	ON						
⊒ Yes,	pleas	se lin	ık my												embe	rship	for	futur	e	
conver																				
My Kris	Flyer	Mer	nbers	ship N	No.]-[
My Asi	a Mile	s Me	embe	rship	No.			_			7-1									
A S\$10	conve	rsion	fee v	vill be	char	ged to	your	Card	for e	ach d	conve	rsion	of UN	II\$ to	Frequ	ent F	lyer	miles		
							9. (CRE	EDIT	ſSH	IEL	D.								
☐ Yes,	I wish	to e	nrol ir	ı UOI	B Cre	ditSl	nield f	or ju	st S\$0	0.23	a mo	nth f	or eve	ry S\$	3100 (or ar	ny pa	rt the	reof)	in
I declare	nonthi that I ar	n unde	er 60 ye	ears of	age a	nd that	I have	not be	en hos	pitalis	ed in th	ne last	12 mor	nths no	r suffer	ed fror	n any	physic	al defe	cts.
injuries or Section 2 Failure to	impairr 5(5) of 1	nents, the Ins	and th	at I am Act (C	in goo	od heal 2), you	th. I agr are to d	ee to disclos	be bou se, fully	nd by and f	the ten aithfull	ms an y, all ti	d condit he facts	tions of as you	the pol know	them	be iss or oug	ued. Pi ht to ki	ursuan now th	. to ₃m.
railure to	do so n	nay re	naer in																	
10	SUF	DI	EN/IE		_	ature	_	\ DD	LIC	ΛΤΙ) NC	Eire	t Cuni	nlome	ntan	, Car	d Er	a fo	r I ifa	1
Name a											=	_					u ri	56 IUI	LIIC	<u> </u>
			,, ao	орон		(0		0 00		٠, ,						σ.				
								,												_
Name t	o app	ear	on Ca	ara (v	VITIII	1 19	space	(S)	_	_					1	1		_		_
LIDIO (E			D# 11					ļ.,						<u> </u>				40.00		_
NRIC/F	'assp	ort/P	'H^ N	0.				INA	tiona	lity				Date	of B	irtn (וטטו	/IIVI Y	Y) 	
													_		Щ	Щ		\perp	\perp	_
Home /	Addre	ss:	Ho	use/	Blk		Ш			Un	it#			-	_					
Street																				
						L					L									
											Pos	tal C	ode	S	\neg					
Tel	-	-		_			Mot	oile							Rac	э				
E-Mail	Addre	ess																		_
Annual	Incor	ne								T	Relat	ions	hip to	Prin	cipal	Appl	ican	t		
													įo		10.000	1.10				
	_	_		11	. U <u>(</u>)B F	PERS	ON	IAL	INT	ERN	IET	BAN	IKIN	IG	_				
A UO	B Per	son	al Int	erne	t Bar	nkind	ı Use	rnar	ne ai	nd P	assv	vord	will b	e ma	iled :	o vo	υТ	his d	rives	

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

12. YOUR UOB CASHPLUS



MasterCard

Yes! I want to enjoy UOB CashPlus* with a 1-year fee waiver.



Cash when you need it

Eligibility: Principal Cardholders only. Applicants must be citizens or permanent residents of Singapore aged between 21 and 55, earning a minimum income of \$30,000

Mandatory Documents: A copy of NRIC (front & back) and the following documents: For Salaried employees - Latest computerized payslips, last 6 months' CPF Statements or latest income tax notice of assessment. For Commission based employees or self-employed - Last 2 years' income tax notice of assessment.

* Approval is subject to bank's discretion and for new UOB CashPlus customer only

2 Years Waiver[^]!

☐ No, I do not want to enjoy UOB CashPlus. (Tick here if you do not want to enjoy CashPlus)

13. DECLARATION OF APPLICANT(S) (IMPORTANT: PLEASE READ BEFORE SIGNING)

- I/we hereby agree and represent to the Bank that:-
- The times regressive green an expression to terrished by makes breein and in all documents are true and accurate. The Bank is hereby irreversibly and unconfidentially authorised by meles to contact any person to obtain and/or verbly any information required by the Bank, to retain all documents submitted by melus, and to disclose all such information relating to melus or the Card(s) account(s) to any person as you deem it including but without limitation the Consumer Credit Bureau. Live 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, live 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
- 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
- In without assigning reason or notice to metus; and of the understand that the Terms and Conditions of the UOB Cardmember Agreement, will be sent with the Card(s) and live 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.
- 4. Where I have applied for the UOB CashPlus Facility, I hereby unconditionally agree to be bound by the following terms and
- (a) Terms & Conditions Governing UOB CashPlus
- (b) Terms and Conditions Governing Accounts and Services
- (c) Additional Terms and Conditions Governing Accounts and Services
- (d) Terms and Conditions of UOB Personal Internet Banking Access.
- (a) lems and conditions of UDB reforabilities must be annually access. Individual that the copies of the terms and conditions numbered 4(a) to 4(c) above are available for my inspection at any UOB branch; that copies thereof will be sent to me upon Bank's approval of my application; and that may view the agreement numbered 4(d) above on the Bank's website at twww.uobgroup.com.1 agree that upon my receipt or acceptance or signing on or use of the UOB CashPlus facility unless the Bank has received my return of the UOB ATM card cut in half, will constitute my/our agreement to be bound by all firms and Conditions/Agreement stated in this paragraph 4. In the event that my UOB CashPlus account; agree that the Bank is entitled to claim from me the amount equivalent to the price of any velocine gifts which the Bank has given to me upon approval of my application. I hereby authorise the bank is debit my UOB CashPlus account to the price of such gifts and selection of the Bank.
- 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	Dat

FUR	DAINK	USE	

Hemark			MU000	25/20048	
Bankwide CIF Number	r		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	
					_

other promotions. This promotion is valid from 1 March - 31 August 2007.

Presse deliete wine: appropriate.
The Mobile phone number will be used for the purpose of UOB Personal Internet Banking One-Time Password (SMS-OTP).
Lady's Card: 2 Years fee walver. Lady's Platinum Card: 2nd year annual fee will be walved based on an annual refail spend of SS6,000 in the
1st year. Fee walver is applicable for new UOB Lady's Card and Lady's Platinum Principal Card applicants only and not applicable with any

The provision of this application form does not automatically indicate that United Overseas Rank Limited will accept the contents and issue a UOB Credit Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatso

United Overseas Bank Limited Company Reg No. 193500026Z

DONATION TO BREAST CANCER FOUNDATION

	•						
BILL PAYMENT	BILL PAYMENT SERVICE						
No UNIS will be awarded for the donation. • For cancellation of donation, please notify the Breast Cancer Foundation in writing.							
Principal Applicant's Signature		Date					
Monthly donation of: ☐ S\$10 ☐ S\$20 ☐ S\$50	S\$	(Please specify amount.)					
One-time donation of: S\$10 S\$20 S\$50	S\$	(Please specify amount.)	FOUNDATION				
I would like to make the followin through my UOB Lady's Card /	ng donation to the Breast C UOB Lady's Platinum Card	cancer Foundation, d:	0				

Principal Applicant's Signature Date	
• No UNI\$ will be awarded for the donation. • For cancellation of donation, please notify the Breast Cancer Four	ndation in writing.
BILL PAYMENT SERVICE	
YES, I would like to pay my bills with my UOB Lady's Card.	
Name as in NRIC/Passport (underline surname) ☐ Ms ☐ Mrs ☐ Mdm ☐ Dr	
NRIC/Passport No.	
Corporate customers are not eligible for this promotion. For consumer customers, all SingTel services (in SingNet, etc) are eligible. Not applicable for SingTel-UOB Visa cardholders. To charge new SingTel account SingTel-UOB Visa card, please call 1688 to consolidate your bills. By signing here, I certify that I have read and agreed to the below Terms and Corhereby authorise SingTel to charge my monthly SingTel bills for the above-stated A to my UOB Lady's Card.	nditions, and ccount No.(s)
Principal Applicant's Signature Date	
M1 Bill Account No. By signing here, I certify that I have read and agreed to the below Terms and Conditions, and hereby authorise M1 to charge my monthly M1 bills for the above-stated Account No. to my UOB Lady's Card.	1 life. live it.
Principal Applicant's Signature Date	
Note: The approval of this authorisation will supersede existing payment instructions with SingTel and M1 Account No.(s)/Customer No./Policy No. indicated above. Terms and Conditions 1. You warrant that the information you have provided is true and correct and authorise United Overseas Bar to disclose such details (including your UOB Credit Card account number) to the relevant merchants as to facilitate your participation in this service.	nk Limited ("UOB")

- The following are ineligible: UOB Purchasing Cards, UOB Corporate Cards, UOB Private Label Cards, all UOB Visa electron Cards and all UOB Visa Debit Cards.
- Please allow at least 6 weeks for processing of your application. 4.
- Please continue to pay to the relevant merchants until you see the amount reflected on your monthly UOB Credit Card statement
- 6. All applications are subject to approval from the relevant merchants. UOB will not notify customers of their application status
- Your account name with the relevant merchants must be the same as the name shown on your UOB Credit Card statement. 8. Should you cancel or replace your card, please make alternative payment arrangements with your relevant merchants.
- If your existing account is paid by GIRO, the GIRO payment arrangement will be terminated.
- 10. Please contact the relevant merchants to make alternative payment arrangements should you wish to terminate this payment arrangement.
- 11. If any payment charged to your UOB Credit Card is unsuccessful for any reason whatsoever, you will be responsible for arranging payment to that merchant by other means.
- 12. UOB shall not be liable for any loss, expenses, delays, mistakes, neglect or omission in the transmission of payment under this facility or for any unsuccessful payment.
- 13. UOB reserves the right to amend these Terms and Conditions without notice and reject or decline any application in its sole
- discretion without giving any reasons. TCBP0107

FOR B	ANK USE
UOB Card Account No.	
Card Expiry Date	
M M Y Y	BPS-LADY