

United Overseas Bank Limited  
Tel: 1800 355 1212. Fax: 6356 6266, 6253 1181.  
Website: [www.uobgroup.com/platinum](http://www.uobgroup.com/platinum)



<h2 style="margin: 0;">1. PLEASE TELL US ABOUT YOURSELF</h2>																											
Name as in NRIC/Passport/PR* (underline surname) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr																											
Name to appear on Card, including surname (within 19 spaces) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>																											
NRIC/Passport/PR* No.														Nationality Singaporean / PR Others: _____								Date of Birth Day          Mth          Yr					
Highest Educational Qualification														Marital Status Married / Single Others: _____								Race				Sex M / F	
Bill To: <input type="checkbox"/> Home <input type="checkbox"/> Office														Employment Pass Expiry Date													
Local Home Address:    House/Blk														Unit #				—									
Street																											
Tel <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>										Mobile# <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>										No. of Dependents <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>							
E-Mail Address																											
Residential Status: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parent's <input type="checkbox"/> Rental    S\$ _____ per month																											
Residential Type: <input type="checkbox"/> HDB-3Rm/4Rm <input type="checkbox"/> HDB-5Rm/Executive Apartment <input type="checkbox"/> Executive Condo/HUDC <input type="checkbox"/> Private Apartment/Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Bungalow																											
Years There _____														Months There _____													

Name of Employer/Business*						<input type="checkbox"/> Tick here if self-employed																				
Office Address:																										
													Postal Code	S												
Type of Business (please tick one)																										
PU <input type="checkbox"/> Government FI <input type="checkbox"/> Financial Services CO <input type="checkbox"/> Construction CI <input type="checkbox"/> Computer & IT MF <input type="checkbox"/> Manufacturing									RT <input type="checkbox"/> Retail Trade TR <input type="checkbox"/> Transportation IN <input type="checkbox"/> Insurance PR <input type="checkbox"/> Professional Services HO <input type="checkbox"/> Hotel									BU <input type="checkbox"/> Engineering BU <input type="checkbox"/> Business Consultancy BU <input type="checkbox"/> Real Estate ED <input type="checkbox"/> Education Services								
Others (please indicate)																										
Occupation (please tick one)																										
OP/AD <input type="checkbox"/> Administrative Executive MG/DR <input type="checkbox"/> Director/Managing Director TS/EN <input type="checkbox"/> Engineer/Engineer Assistant TS/EU <input type="checkbox"/> Teacher/Principal									EX/EX <input type="checkbox"/> Executive/Officer/Associate PF/FC <input type="checkbox"/> Financial Controller/Auditors EX/MK <input type="checkbox"/> Marketing Executive PF/PF <input type="checkbox"/> Licensed Professional									OP/SS <input type="checkbox"/> Sales Executive/Sales Assistant TS/TE <input type="checkbox"/> Technicians MG/MG <input type="checkbox"/> Managers SE/SD <input type="checkbox"/> Self-employed Directors/ Sole Proprietor/Partners								
Others (please indicate)																										
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 <input type="checkbox"/> Yes <input type="checkbox"/> No																
If Current Employment is <b>less than 3 years</b> , please fill up this portion: Name of Previous Employer																										
Occupation							Type of Business							Years There												

<b>3. YOUR CREDIT REFERENCES</b>			
Are you an existing UOB Credit Card Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Card(s) Presently Held:			
<input type="checkbox"/> UOB	<input type="checkbox"/> Citibank	<input type="checkbox"/> DBS	<input type="checkbox"/> Standard Chartered
<input type="checkbox"/> OCBC			<input type="checkbox"/> Amex
<input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> None
<b>4. YOUR FAMILY</b>			
Mother's Maiden Name (for emergency identification purposes)			

Name as in NRIC/Passport/PR* ( <u>underline surname</u> ) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr																												
Name to appear on Card, including surname (within 19 spaces)																												
NRIC/Passport/PR* No.										Nationality Singaporean / PR Others: _____										Date of Birth Day      Mth      Yr								
Home Address:				House/Blk								Unit #				-												
Street																												
																Postal Code				S								
Tel		<input type="text"/>							Mobile		<input type="text"/>							Race				Sex M / F						
E-Mail Address																												
Annual Income														Relationship to Principal Applicant														

<sup>1</sup> Please delete where appropriate.  
Principal Card is free for life with minimum one transaction every three months. Otherwise, the Principal Cardmember will be subjected to an annual card fee of \$5180 per annum (or prevailing Bank's charges). The second Supplementary Card enjoys a waiver on the first year annual card fee with this application and is subject to an annual supplementary card fee of \$590 per annum (or prevailing Bank's charges) from the second year onwards.  
<sup>2</sup> The Mobile phone number will be used for the purpose of UOB Personal Internet Banking One-Time Password (SMS-OTP).  
The provision of this application form does not automatically indicate that United Overseas Bank Limited will accept the contents and issue a UOB Platinum Credit Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason.