

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



Existing UOB Principal Cardholders only need to complete 1, 3 and sign under 8. 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.

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)																																		
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																																		
																				Postal Code					S									
Tel																																		
Mobile#																				No. of Dependents														
E-Mail Address																																		

Residential Status: ☐ Owned ☐ Mortgaged ☐ Parent's ☐ Rental \$\$_____ per month
Residential Type: ☐ HDB-3Rm/4Rm ☐ HDB-5Rm/Executive Apartment ☐ Executive Condo/HUDC
☐ Private Apartment/Condominium ☐ Terrace ☐ Semi-Detached ☐ 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 BS <input type="checkbox"/> Business Consultancy BR <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 less than 3 years, please fill up this portion:																														
Name of Previous Employer																														
Occupation														Type of Business										Years There						

Are you an existing UOB Credit Card Customer ☐ Yes ☐ No

Credit Card(s) Presently Held:

☐ UOB ☐ Citibank ☐ DBS ☐ Standard Chartered ☐ HSBC

☐ OCBC ☐ Amex ☐ Others, please specify _____ ☐ None

Mother's Maiden Name (for emergency identification purposes)													
Spouse's Name as in NRIC/Passport/PR*				NRIC/Passport/PR* No.									
Name of Relative or Friend not staying with you			Relationship		Tel <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

☐ Yes, please link my UOB Credit Card account to my Frequent Flyer membership for future conversion of UNIS\$ to Frequent Flyer miles.

My KrisFlyer Membership No. - -

My Asia Miles Membership No. - -

A S\$10 conversion fee will be charged to your Card for each conversion of UNIS\$ to frequent flyer miles.

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Home Address:				House/Blk								Unit #								—															
Street																																			
														Postal Code				S																	
Tel		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												Mobile		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												Race				Sex M / F			
E-Mail Address																																			
Annual Income														Relationship to Principal Applicant																					

**1 YEAR
FEE WAIVER**

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

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.

Simply sign here
to enjoy CashPlus

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.

Applicant's Signature

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

0502CRF

- a) I/we hereby agree and represent to the Bank that:-
 - (i) the particulars and information furnished by me/us herein and in all documents are true and accurate. (The Bank is hereby irrevocably and unconditionally authorised by me/us to contact any person to obtain and/or verify any information required by the Bank, to retain and/or use such information for any purpose and to disclose such information relating to me/us or the Card(s) account(s) to any person as the Bank deems fit including but without limitation to the Consumer Credit Bureau. I/we undertake that in the event any information becomes inaccurate or misleading or changed in any way whether before or after this application is approved or whilst the Facility is in use, I/we, (we, us) shall immediately inform the Bank of such changes and
 - (ii) 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.
- b) I/we hereby express consent and authorise the Bank to provide any and all my/our information to the Bank of Certified Public Accountants of Singapore for any purposes which the Bank deems fit.
- c) I/we hereby consent to 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 any of my/our addresses set out in this application. Without prejudice to the aforesaid, I/we agree that the Bank shall be entitled to use my/our contact details for the purpose of sending out all statements of accounts, communications to the Principal Card applicant by ordinary mail at his/her sole risk or allow the same to be collected by the Principal Card applicant in respect of the Card(s).
- d) I/we request the Bank to issue the Card(s) applied for by me/us and to continue to renew and replace it/hen/it until such time as the Card account(s) are terminated; and
- e) I/we agree that the Principal Cardmember is responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees and any other fees and charges) and each Supplementary Cardmember is responsible for his/her liabilities incurred in connection with his/her Card.
- f) I/we agree that approval of this application is at the Bank's sole discretion, and the Bank is entitled to reject the application without assigning reason or notice to me/us; and
- g) I/we agree that the Terms and Conditions of the UOB Cardmembers Agreement will be sent with the Card(s) and I/we agree to be bound by such Terms and Conditions upon receipt or acceptance of or signing on or use of the Card(s) unless the Bank has received my/our return of the Card(s) cut into half.
5. Where I have applied for the UOB CashPlus Facility, I hereby unconditionally agree to be bound by the following terms and conditions:
 - (a) Terms and 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

I understand that: copies of the terms and conditions numbered 5(a) to 5(c) above are available for my inspection at any UOB branch; that copies thereof will be sent to me upon the Bank's approval of my application; and that I may view the terms and conditions numbered 5(a) to 5(c) and the agreement numbered 5(d) above on the Bank's website at www.uobgroup.com. I agree that upon my receipt of the UOB CashPlus account and UOB CashPlus Facility unless the Bank has received my return of the UOB CashPlus ATM Card cut into half, will constitute my agreement to be bound by all Terms and Conditions/Agreement stated in this paragraph 5. In the event that my UOB CashPlus account is closed or terminated for whatever reasons within 12 months from the date of account opening, I agree that I shall be liable for all my outstanding liabilities to the Bank, including but not limited to, my UOB CashPlus account (if any) which the Bank may require to be met 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 gift(s) as determined by the Bank in its sole discretion.

6. I/we irrevocably and unconditionally agree to be bound by the Terms & Conditions of UOB Personal Internet Banking Access.
7. I/we agree that in the event I/we are a UOB CashPlus member, I will be required to and shall immediately surrender my UOB ICAPS Professional Platinum Card and related Supplementary Card(s) to the Bank.

Principal Applicant's Signature	Date	Supplementary Applicant's Signature	Date
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Remark		P code		CU/CS0036		S code		10092	
Bankwide CIF Number				Country Code		Identity Type			
Credit Limit		Billing Cycle		Industrial Code		Occupation Code			
Type of Residence		Branch Staff Code		Freend		Card Fee Date			
Review Code		Monitor Code	Expiry Date	Card Type		001/841	Officer Code		
Approval Code			Officer Name			Approval Name			

* Please delete where appropriate.

¹ 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)

The Mobile phone number will be used for the purpose of UOB Personal Internet Banking One-Time Password (SMS-OTP).

United Overseas Bank Limited Co. Reg. No. 193500026Z

10/07