

[illegible]

3. YOUR CREDIT REFERENCES														
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"/> HSBC										
<input type="checkbox"/> OCBC	<input type="checkbox"/> Amex	<input type="checkbox"/> Others, please specify _____										<input type="checkbox"/> None		
4. YOUR FAMILY														
Mother's Maiden Name (for emergency identification purposes)														
Spouse's Name as in NRIC/Passport/PR*										NRIC/Passport/PR* No.				
Name of Relative or Friend not staying with you										Relationship			Tel	
													<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. FREQUENT FLYER REGISTRATION														
<input type="checkbox"/> Yes, please link my UOB Credit Card account to my Frequent Flyer membership for future conversion of UNI\$ to Frequent Flyer miles.														
My KrisFlyer Membership No. <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"/>														
My Asia Miles Membership No. <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"/>														
A S\$10 conversion fee will be charged to your Card for each conversion of UNI\$ to frequent flyer miles.														
6. SUPPLEMENTARY CARD APPLICATION First Supplementary Card Free for Life!														
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	
Home Address:		House/Blok		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit #		<input type="text"/>	—		<input type="text"/>	<input type="text"/>
Street		<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"/>
<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"/>	<input type="text"/>	<input type="text"/>
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										Postal Code		S	<input type="text"/>	<input type="text"/>
Tel		<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"/>		Race		Sex M / F
E-Mail Address														
Annual Income										Relationship to Principal Applicant				



**1 YEAR
FEE WAIVER**

0502CRF

1. I/We hereby agree and represent to the Bank that:

- (a) the particulars and information furnished by me/us herein and in all documents are true and accurate. The Bank is hereby irrevocably and unconditionally authorised by me/us to contact any person to obtain and/or verify any information required by the Bank, to retain and/or use the same for any purpose, and to disclose all such information relating to me/us or the Card(s) and account(s) to any person as the Bank deems fit including but not without limitation to the Consumer Credit Bureau. I/We undertake that in the event my information becomes inaccurate, misleading or changed in any way whether before or after this application is approved or whilst the Facility is outstanding, I/we shall promptly notify the Bank of any such changes; and
- (b) the use of this application by me/us are not an undischarged bankrupt and there has been no statutory demand served on me/us or any legal proceedings commenced against me/us.

2. I/We hereby expressly consent to and authorise the Bank to provide any and all my/our information to the Law Society of Singapore.

3. 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 and the Card(s) may use my/our details for all purposes, including all statements of account, and to refer me/us 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).

4. I/We request the Bank 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(s) and account(s) are terminated; and

5. 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 respect of his/her Card(s).

6. 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

7. I/We understand 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) set out into half.

8. 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 of my application to the UOB CashPlus account (if applicable) on the Bank's website at www.uob.com.sg. Upon approval of 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 set out 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 my opening or signing on or use of the UOB CashPlus account, I shall be entitled to claim from me the amount of any of any welcome gift(s) which the Bank may have 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 gift(s) as determined by the Bank in its sole discretion.

Principal Applicant's Signature	Date	Supplementary Applicant's Signature	Date
FOR BANK USE			
Remark			
P code		CU/CS0036 (UNI)	S code 00003
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
			001/810
Approval Code	Officer Name		Approval Name

* Please delete where appropriate.

¹ The first Supplementary Card is free for life. The second Supplementary Card enjoys a waiver on the first year annual fee with this application and is subject to an annual supplementary card fee of \$890 per annum from the second year onwards.

² The Mobile phone number we 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 credit limit on the United Overseas Credit Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatsoever.