

## 1. PLEASE TELL US ABOUT YOURSELF

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: <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 _____														

## 2. YOUR WORKPLACE

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										RT <input type="checkbox"/> Retail Trade										BU <input type="checkbox"/> Engineering									
FI <input type="checkbox"/> Financial Services										TR <input type="checkbox"/> Transportation										BU <input type="checkbox"/> Business Consultancy									
CO <input type="checkbox"/> Construction										IN <input type="checkbox"/> Insurance										BU <input type="checkbox"/> Real Estate									
CI <input type="checkbox"/> Computer & IT										PR <input type="checkbox"/> Professional Services										ED <input type="checkbox"/> Education Services									
MF <input type="checkbox"/> Manufacturing										HO <input type="checkbox"/> Hotel																			
Others (please indicate)																													
Occupation (please tick one)																													
OP/AD <input type="checkbox"/> Administrative Executive										EX/EX <input type="checkbox"/> Executive/Officer/Associate										OP/SS <input type="checkbox"/> Sales Executive/Sales Assistant									
MG/DR <input type="checkbox"/> Director/Managing Director										PF/FC <input type="checkbox"/> Financial Controller/Auditors										TS/TE <input type="checkbox"/> Technicians									
TS/EN <input type="checkbox"/> Engineer/Engineer Assistant										EX/MK <input type="checkbox"/> Marketing Executive										MG/MG <input type="checkbox"/> Managers									
TS/EU <input type="checkbox"/> Teacher/Principal										PF/PF <input type="checkbox"/> Licensed Professional										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									

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"/> <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 UN\$ 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 UN\$ to frequent flyer miles.																				
6. SUPPLEMENTARY CARD APPLICATION <span style="background-color: #0070c0; color: white; padding: 2px 5px;">First Supplementary Card Free for Life!</span>																				
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)																				
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NRIC/Passport/PR* No.										Nationality Singaporean / PR Others: _____					Date of Birth Day   Mth   Yr					
Home Address:		House/Blk		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit #		<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"/>	
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"/>	
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<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"/>	
										Postal Code		S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	Mobile		<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**

0502CRF

Remark		P code		CU/CS0027		S code		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		001/809		Officer Code		
Approval Code				Officer Name				Approval Name				

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