

United Overseas Bank Limited, UOB Card Centre, 480 Lorong 6 Toa Payoh, #20-01 HDB Hub East Wing, Singapore 310480. Tel: 1800 22-22-121 Company Registration Number 193500026Z

YOUR PERSONAL REFERENCE

Telephone

Name and address of a relative not living with you

APPLICATION FOR UOB VISA R CARD

IMPORTANT: Applicants must be Singapore Citizens or Permanent Residents, 21 years or older and have a UOB bank account. Foreigner applicants must be acc

Classic Card and S\$60 for the Gold Card. Applicants for Gold Card must have a minimum income of S\$18,000p.a. Please complete this application form in full and attach your latest available Income Tax Notice of Assessment or your latest computerised payslip. If you already have a UOB VISA Electron Card, it					
will be replaced by the new UOB VISA R Card that you are applying for. I am applying for: □ UOB VISA R Gold Card □ UOB VISA R Classic Card					
DIEAC	E TELL LIC ADOLLT VOLID	CELE			
PLEASE TELL US ABOUT YOURSELF Full Name as in NRIC/Passport* (underline surname)					
74	ore (anadimic damane) 2 mi				
Name to appear on Card (within 19 spaces)					
NRIC/PR/Passport No.* Nationality					
Sex	Marital Status	Date of Birth			
Male/Female*	Married/Single*	Day Mth Yr			
Highest Educational Qualification					
☐ Up to 'O'/'A' Level ☐ Diploma ☐ Degree and above					
Local Home Address		Telephone			
	S()	Handphone/Pager			
E-mail Address					
Maria Maria No. 76					
Mother's Maiden Name (for emergency identification purposes)					
YOUR WORKPLACE/STUDY					
Name of Company/School*					
Office/Hostel Address*		Telephone & Ext.			
Position/Course*	Annual Income	Years There			
Name Of Previous Employer		Years There			
Correspondence Address		I			
☐ Home	☐ Office/Hostel*				

count holders must sig used to apply for one	ly. If you are linking your Ca gn on this application form. E e UOB VISA R Card only. An for the Gold Card. Applicants	ach application form can nual fee is S\$24 for the	Handphone/Pager
minimum income of S\$	\$18,000p.a. Please complete st available Income Tax Notice	e this application form in	S()
-	slip. If you already have a U	-	BANK ACCOUNT TO BE LINKED
	ew UOB VISA R Card that you		Please link my bank account to my UOB VISA R Card that I am applying for herein
m applying for: □ UOB	3 VISA R Gold Card □ UOI	3 VISA R Classic Card	Account Number:
PLEAS	SE TELL US ABOUT YOU	RSELF	
II Name as in NRIC/Pass	sport* (underline surname) 🗅 Mr	□ Miss □ Mrs □ Mdm □ Dr	
			STATEMENT OF APPLICANT
ıme to appear on Card (w	vithin 19 spaces)		I understand that by signing below, I am applying for a UOB VISA R Card
			on the UOB Debit Card Agreement Terms and Conditions (a copy of which
RIC/PR/Passport No.*	Nationality		will be sent to me). I agree to be bound by the Terms and Conditions once I start using the UOB VISA R Card. I am applying for my aforesaid UOB bank
, , , , , , , , , , , , , , , , , , , ,			account to be designated for transactions carried out using the UOB VISA
			R Card.
x ale/Female*	Marital Status	Date of Birth	I consent to the disclosure of particulars of my account to third parties in
	Married/Single*	Day Mth Yr	transactions effected with, processed through or involving such third parties.
ghest Educational Qualif		Dager and above	
Up to 'O'/'A' Level	☐ Diploma ☐	Degree and above	I warrant that all information given in this application is true and accurate.
cal Home Address Telephone		Telephone	I understand that if I am an existing UOB VISA Electron Cardmember, my UOB VISA Electron Card will be replaced by the new UOB VISA R Card I am applying
	S(Handphone/Pager	for.
mail Address			NOTE: Please sign according to the bank's records if you have an existing account
other's Maiden Name (fo	or emergency identification purp	oses)	with UOB.
Y	OUR WORKPLACE/STUD	ρΥ	
me of Company/School	•		
			Date
fice/Hostel Address*		Telephone & Ext.	Signature of Applicant
sition/Course*	Annual Income	Years There	For Bank's Verification
me Of Previous Employe	er	Years There	
rrespondence Address		1	
Home ☐ Office/Hostel*			Date
ase delete where annronriate			Officer's Signature/Branch Stamp

and Conditions once y aforesaid UOB bank using the UOB VISA int to third parties in ng such third parties. s true and accurate. Cardmember, my UOB R Card I am applying ave an existing account *Please delete where appropriate.

CONSENT BY JOINT BANK ACCOUNT HOLDER(S) I/We hereby consent to the above application and to the bank account nominated herein to be linked to the applicant's UOB VISA R Card. I/We agree to be jointly and severally liable for all liabilities incurred on or debit balances in the said bank account arising therefrom. I/We consent to the disclosure of particulars of my/our account to third parties in transactions effected with, processed through or involving such third parties. NOTE: Please sign according to the bank's records if you have an existing account with UOB. Signature of Joint Account Holder(s) Name(s): NRIC/PR/Passport No(s)*: For Bank's Verification Date Officer's Signature/Branch Stamp FOR BANK USE CIF No Monthly Limit Remarks Census Billing Cycle Ind Code Occ Code

United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatsoever.

Cd Fee Date

Officer's Name

Rev Code

Approval Signature

Br/Staff Code

Expiry

Freend

Decision

Please send us your application with this prepaid business reply folder.

- 1. Fold along the dotted lines.
- 2. Fold and insert your application form and any other required document into this prepaid business reply folder.
 - 3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
 - 4. Drop your sealed prepaid business reply folder into your nearest post box.

BUSINESS REPLY FOLDER LICENCE NO. 02051

1-11-11-11111-111-111

UNITED OVERSEAS BANK LIMITED

UOB CARD CENTRE
ROBINSON ROAD P.O. BOX 1688
SINGAPORE 903338

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