

# JOB PERSONALISED SUPPLEMENTARY CARD



United Overseas Bank Limited, 480 Lorong 6 Toa Payoh, #20-01 HDB Hub East Wing, Singapore 310480.  
Tel: 1800 22 22 121. Website: [www.uobgroup.com](http://www.uobgroup.com) Company Reg No. 193500026Z

**Eligibility: To apply, Supplementary Applicant must be 18 years and above.**

## DOCUMENTS REQUIRED FROM SUPPLEMENTARY CARD APPLICANT

Please return this form upon full completion, together with a copy of your Identification Card (both sides) and with the following documents:-

**For Foreigners:** A copy of applicant's passport.

**For Overseas Students below 21 years old:** Letter of Acceptance from the overseas institution.

### PRINCIPAL CARDMEMBER

I am a holder of  UOB VISA Gold Card  UOB Lady's Platinum Card  UOB Lady's Card   
 UOB MasterCard Gold Card  UOB VISA Classic Card  UOB MasterCard Classic Card

Name of Principal Cardmember \_\_\_\_\_ NRIC/Passport/PR No. \_\_\_\_\_  
Principal Card No. [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

Billing Address \_\_\_\_\_ S( ) \_\_\_\_\_ Tel (O) \_\_\_\_\_ Mobile \_\_\_\_\_

### PERSONALISE YOUR SIGN-OFF ON THE FIRST & SECOND SUPPLEMENTARY CARD (FOR PRINCIPAL CARDMEMBER'S USE ONLY)

#### First Supplementary Card

Sign-off: *With Love,* [ ]

Note: Other than a full stop, no other punctuation, numerals and graphics are allowed. The name should not exceed 10 characters and will be printed in cursive script, in the case (UPPER CASE / lower case) provided. Non-compliance with these instructions will result in the card being issued without the personalised sign-off.

#### Second Supplementary Card

Sign-off: *With Love,* [ ]

### PRE-SET CREDIT LIMIT FOR SUPPLEMENTARY CARD (OPTIONAL)

If you wish to pre-set a credit limit for your Supplementary Cards, please indicate the amounts below.

First Supplementary Card: S\$ \_\_\_\_\_ Second Supplementary Card: S\$ \_\_\_\_\_

### FIRST SUPPLEMENTARY CARD

First Supplementary Card Free For Life

Full name as in NRIC/Passport (underline surname)  Mr  Ms  Mrs  Mdm  Dr

Name to appear on Card (within 19 spaces)  
[ ] [ ]

NRIC/PR/Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_ Relationship with Principal Cardmember \_\_\_\_\_

Date of Birth (DD / MM / YY) \_\_\_\_\_ Local Home Address \_\_\_\_\_ S( ) \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Employer/Business \_\_\_\_\_

Position \_\_\_\_\_ Office Tel \_\_\_\_\_

For NETS and ATM Link to your UOB Group account(s), please provide your account number(s).

Current Account No. [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Savings Account No. [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]

### SECOND SUPPLEMENTARY CARD

Full name as in NRIC/Passport (underline surname)  Mr  Ms  Mrs  Mdm  Dr

Name to appear on Card (within 19 spaces)  
[ ] [ ]

NRIC/PR/Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_ Relationship with Principal Cardmember \_\_\_\_\_

Date of Birth (DD / MM / YY) \_\_\_\_\_ Local Home Address \_\_\_\_\_ S( ) \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Employer/Business \_\_\_\_\_

Position \_\_\_\_\_ Office Tel \_\_\_\_\_

For NETS and ATM Link to your UOB Group account(s), please provide your account number(s).

Current Account No. [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] Savings Account No. [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]

### DECLARATION OF APPLICANT(S) (IMPORTANT: PLEASE READ BEFORE SIGNING)

- I/we hereby agree and represent to the Bank that:-
  - 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 all documents submitted by me/us, and to disclose all such information relating to me/us or the Card(s) account(s) to any person as you deem fit including but without limitation the Consumer Credit Bureau. I/we undertake that in the event any information becomes inaccurate or misleading or changed in any way whether before this application is approved or whilst the Facility is outstanding, I/we shall promptly notify the Bank of any such changes; and
  - 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; and
- I/we consent 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 my/our address set out in this application. Without prejudice to the aforesaid, I/we authorise you to send the Card(s), personal identification number, all statements of account, and other communications to the Principal Card applicant by ordinary mail at his sole risk or allow the same to be collected by the Principal Card applicant.

- In respect of the Card:
  - I/we request you 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 account(s) are terminated; and
  - I/we agree that the Principal Cardmember is responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees or any other fees/charges) and each Supplementary Cardmember is responsible for his/her liabilities incurred in respect of his/her Card;
  - 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
  - I/we understand that the Terms and Conditions of the UOB Cardmember 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 you have received my/our return of the Card(s) cut into two halves.
- I/we irrevocably and unconditionally agree to be bound by the Terms & Conditions of UOB Personal Internet Banking Access.

Principal Cardmember's Signature \_\_\_\_\_ Date \_\_\_\_\_ First Supplementary Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Second Supplementary Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR BANK USE

Remarks _____									
Credit Limit	Billing Cycle	Decision	Expiry Date	Freend	Card Fee	Rev Code	Br/Staff Code	Officer's Name/Date	Approval Signature