



Tel: 1800 355 1212. Fax: 6356 8841, 6253 1181.  
www.uobgroup.com/preferredplatinum

**2 YEARS WAIVER\***

Existing UOB Principal Cardholders only need to complete 1, 3, 7 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.  
For CashPlus<sup>SM</sup>, please complete all the fields in sections 1, 2, 3, 4 and signed under 8.

Please choose one  UOB Visa Preferred Platinum Card 001 / 801  
 UOB MasterCard Preferred Platinum Card 001 / 811

## 1. PLEASE TELL US ABOUT YOURSELF

Name as in NRIC/Passport/PR\* (underline surname)  Mr  Ms  Mrs  Mdm  Dr

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Name to appear on Card, including surname (within 19 spaces)

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NRIC/Passport/PR<sup>SM</sup> No. \_\_\_\_\_ Nationality \_\_\_\_\_  
For Singaporeans, please provide NRIC no. only

Others: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Mth \_\_\_\_\_ Yr \_\_\_\_\_

Highest Educational Qualification \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Married / Single \_\_\_\_\_ M / F \_\_\_\_\_  
 Others: \_\_\_\_\_

Bill To:  Home  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  Mortgage  Parent's Rental  SS \_\_\_\_\_ per month

Residential Type:  HDB-3Rm/4Rm  HDB-5Rm/Executive Apartment  Executive Condo/HUDC

Private Apartment/Condominium  Terrace  Semi-Detached  Bungalow

Years Here \_\_\_\_\_ Months There \_\_\_\_\_

Overseas Address (mandatory for Permanent Residents and non-Singaporeans)

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Overseas Contact No. (mandatory for Permanent Residents and non-Singaporeans)

## 2. YOUR WORKPLACE

Name of Employer/Business\* \_\_\_\_\_  Tick here if self-employed

Office Address: \_\_\_\_\_

Postcode \_\_\_\_\_ S \_\_\_\_\_

Type of Business (please tick one)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Government         | <input type="checkbox"/> RT Retail Trade          | <input type="checkbox"/> BU Engineering                    |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> TR Transportation        | <input type="checkbox"/> BU Financial Services Consultancy |
| <input type="checkbox"/> CO Construction    | <input type="checkbox"/> IR Insurance             | <input type="checkbox"/> BU Real Estate Services           |
| <input type="checkbox"/> C Computer & IT    | <input type="checkbox"/> PR Professional Services | <input type="checkbox"/> ED Education Services             |
| <input type="checkbox"/> M Manufacturing    | <input type="checkbox"/> HO Hotel                 |  |

Others (please indicate) \_\_\_\_\_

Occupation (please tick one)

|   |  |
|---|--|
| <input type="checkbox"/> OFAO Officer/Officer Associate   | <input type="checkbox"/> OFSS Sales Executive/Sales Assistant                  |
| <input type="checkbox"/> MDIR Director/Managing Director  | <input type="checkbox"/> TS/TE Technicians                                     |
| <input type="checkbox"/> TSEN Engineer/Engineer Assistant | <input type="checkbox"/> MG/MG Manager/Proprietor/Partners                     |
| <input type="checkbox"/> TSEU Teacher/Principal           | <input type="checkbox"/> SE/SO Self-employed Director/Sole Proprietor/Partners |

Others (please indicate) \_\_\_\_\_

Contact No. \_\_\_\_\_ Years There \_\_\_\_\_

Basic Monthly Income \_\_\_\_\_ Annual Gross Income \_\_\_\_\_ Other Income \_\_\_\_\_

Source(s) and Amount(s) of 3 Other Incomes \_\_\_\_\_

Online CPF-Statement Submission  Yes  No

**\* If Current Employment is less than 3 Years, 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?  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) \_\_\_\_\_

## 4. YOUR FAMILY

Spouse's Name as in NRIC/Passport/PR\* \_\_\_\_\_ NRIC/Passport/PR<sup>SM</sup> No. \_\_\_\_\_

Name of Relative or Friend not staying with you \_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_

## 5. FREQUENT FLYER REGISTRATION

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. With effect 1 April 2008, S\$20 conversion fee will apply

## 6. SUPPLEMENTARY CARD APPLICATION [First Supplementary Card Free for Life!]\*

Name as in NRIC/Passport/PR\* (underline surname)  Mr  Ms  Mrs  Mdm  Dr

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Name to appear on Card, including surname (within 19 spaces)

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NRIC/Passport/PR<sup>SM</sup> No. \_\_\_\_\_ Nationality \_\_\_\_\_  
For Singaporeans, please provide NRIC no. only

Others: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Mth \_\_\_\_\_ Yr \_\_\_\_\_

Home Address: \_\_\_\_\_ House/Blk \_\_\_\_\_ Unit # \_\_\_\_\_ -- \_\_\_\_\_

Street \_\_\_\_\_ Postal Code \_\_\_\_\_ S \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Annual Income \_\_\_\_\_ Relationship to Principal Applicant \_\_\_\_\_

## 7. YOUR UOB CASHPLUS

**Yes! I want to enjoy UOB CashPlus<sup>SM</sup> with a 1-year fee waiver.**

**Eligibility:** Principal Cardmembers only. Applicants must be citizens or permanent residents of Singapore aged between 21 and 55, earning a minimum income of S\$30,000.

**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.

\* Approval is subject to bank's discretion and for new UOB CashPlus<sup>SM</sup> customer only.

Applicant's Signature  
**0502CRF**

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

- I have hereby agreed and represented 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 authorized 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 to the Card(s) account(s) if any person as you deem fit including but not limited to the Consumer Credit Bureau; I/we undertake that in the event of any information becoming inaccurate or misleading or if changed in any way whether before or after the date of approval or while the Facility is outstanding, I/we will promptly notify the Bank of any such changes and;
  - at the time of this application, I/we are not an undischarged bankrupt and there has been no statutory demand served on me/us nor any legal proceedings commenced against me/us; and
  - I/we consent and authorize the Bank to communicate with me/us with respect to this application by electronic mail, any other means the Bank may deem appropriate or my address out of my application. Without prejudice to the aforesaid, I/we authorize you to send the Card(s), personal identification number, statements of account, and other communications to the Principal Card applicant or primary mail to the SA or his role or allow the mail to be collected by the Principal Card applicant.
- I/we understand you will issue the Card(s) applied for by me/us and to continue to renew and replace (either credit or debit) each time as the Card(s) account is terminated; and
- I/we agree that the Principal Cardholder is responsible for all liabilities, including liabilities incurred by all Supplementary Cards issued to me/us or any other non-charge card, and that such Supplementary Cardmember is responsible for higher liabilities incurred in relation to such Card(s).
- I/we agree that approval of this application at the Bank's sole discretion, and the Bank is entitled to reject the application without giving any reasons.
- 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 the Terms and Conditions of the UOB Cardmember Agreement or by signing an or on the Card(s) unless you have received my/our return of the Card(s) out into two hand.
- 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 the Terms and Conditions of the UOB Cardmember Agreement or by signing an or on the Card(s) unless you have received my/our return of the Card(s) out into two hand.

Name as in NRIC/Passport/PR\* (underline surname)  Mr  Ms  Mrs  Mdm  Dr

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NRIC/Passport/PR<sup>SM</sup> No. \_\_\_\_\_ Nationality \_\_\_\_\_  
For Singaporeans, please provide NRIC no. only

Others: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Mth \_\_\_\_\_ Yr \_\_\_\_\_

Home Address: \_\_\_\_\_ House/Blk \_\_\_\_\_ Unit # \_\_\_\_\_ -- \_\_\_\_\_

Street \_\_\_\_\_ Postal Code \_\_\_\_\_ S \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Annual Income \_\_\_\_\_ Relationship to Principal Applicant \_\_\_\_\_

**FOR BANK USE**

MU00070 / 20048 PIP

|                           |                         |                       |                       |
|---------------------------|-------------------------|-----------------------|-----------------------|
| Bankwide CPF Number _____ | SU/PP B/W/C/F _____     | Country Code _____    | Identity Type _____   |
| Credit Limit _____        | Billing Cycle _____     | Industrial Code _____ | Occupation Code _____ |
| Type of Residence _____   | Branch Staff Code _____ | Paired _____          | Card Fee Date _____   |
| Review Code _____         | Monitor Code _____      | Expiry Date _____     | Card Type _____       |
| Approval Code _____       | Officer Name _____      | Approval Name _____   | Approval Code _____   |

\* Please details where applicable.  
 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 the annual fee will be waived on the first annual statement of S\$6,000 in the 1st year. Fee waiver is applicable for one on UOB Preferred Platinum Card.  
 \* The Mobile phone number will be used for the purpose of UOB Personal Internet Banking. One-Time Password (SMG-OTPW) is 2nd year annual fee will be waived on the first annual statement of S\$6,000 in the 1st year. Fee waiver is applicable for one on UOB Preferred Platinum Card applicants only and not applicable with any other promotions. This promotion is valid till 31/12/2008.  
 \* The provision of this application form does not automatically indicate that United Overseas Bank Limited will accept this cardmember and issue a UOB Platinum Credit Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatsoever.

# UOB Bill Payment Form

**YES!** I would like to pay my bills with my UOB Preferred Platinum Card.

Name: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_

Office No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

UOB Credit Card No.: ---  
 Card Expiry Date:   /    
M M Y Y

## PLEASE SIGN

By signing here, I certify that I have read and agreed to the Terms and Conditions stated below. By indicating the Account No.(s), Customer No.(s), Reference No.(s), Policy No.(s) and all other information as required by the respective billing organisation(s) stated below, I hereby authorise and give my consent to the respective billing organisation(s) to charge the bills/fees/charges/premium/subscription to my UOB Credit Card.

\_\_\_\_\_  
 Signature of Cardmember Date

## PAYMENT CONSENT



My SingTel Account No.1:   
 My SingTel Account No.2:   
 My SingTel Account No.2:

Corporate customers are not eligible for this promotion. For consumer customers, all SingTel services (including mobile, SingNet, etc) are eligible. For existing SingTel-UOB Cardmembers, please call 1688 to charge new SingTel account(s) to your SingTel-UOB Card.

**If you wish to pay for another person's SingTel account, please fill up the following: (not applicable for SingTel-UOB Principal Cardmember)**

Name of account holder: \_\_\_\_\_

NRIC/Passport/FIN of account holder: \_\_\_\_\_

SingTel Account No.1:   
 SingTel Account No.2:

Note: The approval of this authorisation will supercede existing payment instructions with SingTel for the respective Account No.(s) indicated above.



**All M1 customers on recurring payment arrangement will stand a chance to win M1 Shop Vouchers worth up to \$1,000. For more details, please check out [www.m1.com.sg](http://www.m1.com.sg)**

M1 Bill Account No. 1:   
 M1 Bill Account No. 2:

Note: The approval of this authorisation will supercede existing payment instructions with M1 for the respective Account No.(s) indicated above.



StarHub Mobile and IDD and/Digital Voice:

Account No.(s):

StarHub Digital Cable and/MaxOnline Customer No.:

All StarHub customers: Please fill in your UOB Credit Card details in the StarHub Payment Slip (found on your StarHub Mobile/IDD/Digital Voice/Cable TV/MaxOnline bill), sign, enclose and mail it together with this Payment Consent Form.

Note: The approval of this authorisation will supercede existing payment instructions with StarHub for the respective Account No.(s)/Customer No. indicated above.



Pacnet Account No.:

User ID:  @ pacific.net.sg

Note: The approval of this authorisation will supercede existing payment instructions with Pacnet for the respective Account No. indicated above.



| Tick your choice(s) | Newspaper          | (Monthly Payment)            |                              |                                 |
|---------------------|--------------------|------------------------------|------------------------------|---------------------------------|
|                     |                    | <input type="checkbox"/> HDB | <input type="checkbox"/> APT | <input type="checkbox"/> Landed |
|                     | The Straits Times  | \$21.70 + \$2 delivery fee   | \$21.70 + \$3 delivery fee   | \$21.70 + \$4 delivery fee      |
|                     | Lianhe Zaobao      | \$21.70 + \$2 delivery fee   | \$21.70 + \$3 delivery fee   | \$21.70 + \$4 delivery fee      |
|                     | Berita Harian      | \$14.45 + \$2 delivery fee   | \$14.45 + \$3 delivery fee   | \$14.45 + \$4 delivery fee      |
|                     | Tamil Murasu       | \$16 + \$2 delivery fee      | \$16 + \$3 delivery fee      | \$16 + \$4 delivery fee         |
|                     | The Business Times | \$22.95 + \$2 delivery fee   | \$22.95 + \$3 delivery fee   | \$22.95 + \$4 delivery fee      |

Delivery Address\*: \_\_\_\_\_

Postal Code\*: \_\_\_\_\_

Note: Subscription rates include delivery fees. New Subscription would take at least 3 weeks to take effect. No cancellation is allowed. Subscription and administrative rates are subject to change without prior notice. \*Fields must be included.

Note: The approval of this authorisation will supercede existing payment instructions with Singapore Press Holdings for the above publications.

Terms and Conditions 1. You warrant that the information you have provided is true and correct and authorise United Overseas Bank Limited (UOB) to disclose such account details to the relevant merchants as may be necessary to facilitate your participation in this service. 2. Your UOB Credit Card account must be in good standing and remain valid for the monthly bills to be debited successfully. 3. The following are ineligible: UOB Purchasing Cards, UOB Corporate Cards, UOB Private Label Cards, all UOB Visa electron Cards and all UOB Visa Debit Cards. 4. Please allow at least six weeks for processing of your application. 5. Please continue to pay to the relevant merchants until you see the amount reflected on your monthly UOB Credit Card statement. 6. All applications are subject to approval from the relevant merchants. UOB will not notify customers separately of their application status. 7. Your account name with the relevant merchants must be the same as the name shown on your UOB Credit Card statement, unless otherwise specified. 8. Should you cancel or replace your card, please make alternative payment arrangements with your relevant merchants. 9. If your existing account is paid by GIRO, the GIRO payment arrangement will be terminated. 10. Please contact the relevant merchants to make alternative payment arrangements should you wish to terminate this payment arrangement. 11. If any payment charged to your UOB Credit Card is unsuccessful for any reason whatsoever, you will be responsible for arranging payment to that merchant by other means. 12. UOB shall not be liable for any loss, expenses, delays, mistakes, neglect or omission in the transmission of payment under this facility or for any unsuccessful payment. 13. UOB reserves the right to amend these Terms and Conditions and reject or decline any application in its sole discretion without giving any reasons.



### Town Council 1

Please indicate your choice of Town Council by ticking ONE of the check boxes below.

Aljunied  Holland-Bukit Panjang  Pasir Ris-Punggol  Tanjong Pagar  West Coast

Reference No.: --- ---

### Town Council 2

Please indicate your choice of Town Council by ticking ONE of the check boxes below.

Aljunied  Holland-Bukit Panjang  Pasir Ris-Punggol  Tanjong Pagar  West Coast

Reference No.: --- ---

Note: The approval of this authorisation will supercede existing payment instructions with the respective Town Council(s) for the Account No.(s) indicated above.



This facility is only available to the following insurance plans

Name of Insured: \_\_\_\_\_

### Policy No.(s):

United Home Protection Insurance DHOF12

Motor Insurance DHOM11

United Personal Accident Insurance DHOP11

Note: The approval of this authorisation will supercede existing payment instructions with UOI for the respective Policy No.(s) indicated above. UNIS will not be given for sign-ups with UOI. This facility will not be extended to customers who have existing standing payment arrangements with UOB (such as Property Mortgaged Insurance) or UOI.



This facility is only available to the following insurance plans

Name of Insured: \_\_\_\_\_

### Policy No.(s):

Home Insurance

Golfer's Insurance

Personal Accident Infectious Disease (PAID) Insurance Plan

Travel Insurance (Annual Policy Only)

Note: The approval of this authorisation will supercede existing payment instructions with NTUC Income for subsequent renewals for the respective Policy No.(s) indicated above. UNIS will not be given for sign-ups with NTUC Income.