

HPL UOB VISA GOLD CARD



Please submit completed application form with the necessary documents to The HPL Card Club via fax: (65) 6734 0300 or mail to HPL Card Club, 50 Cuscaden Road, #07-02 HPL House, Singapore 249724 Company Reg No. 199100990M
For enquiries, please call HPL Customer Service Hotline at (65) 6731 4907 or UOB Call Centre at 1800 22 22 121.

Yes I'd like to apply for HPL UOB VISA GOLD CARD

IMPORTANT: For Singapore Citizens and Permanent Residents: Minimum income is S\$30,000 p.a. For Foreigners: S\$80,000 p.a. is required. If you do not meet the income requirement, a minimum fixed deposit of S\$10,000 is required as collateral.

Annual Card Fee - Principal Card - S\$100 p.a.; Supplementary Card - S\$50 p.a.

DOCUMENTS REQUIRED: Please return this form upon full completion, together with a copy of your NRIC (both sides) and with the following documents. For Employees: Latest IR8A Form, last 6 months' original CPF statements or computerised payslips for the past 3 months. For Self-employed: Copies of the past 2 years' Income Tax Assessment Forms and last 3 months' bank statements. For Foreigners: In addition to the above, a copy of your valid Employment Pass and Passport. If you are an existing UOB cardmember, you just need to complete the application form and mail it back to us. However, you might wish to furnish us with your income documents if you would like to have your credit limit updated or had a change of employment.



NOTE: If you are already an existing UOB Phone Banking customer, your UOB Credit Card account will be linked to your current Access Code and PIN. If you are not an existing UOB Phone Banking customer, a new Access Code and PIN will be sent to you upon approval of your UOB Credit Card application.

| 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 (within 19 spaces) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NRIC/Passport/PR* | | | | Nationality | | | | Date of Birth Day Mth Yr | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest Educational Qualification | | | | Race | | | | Marital Status | | Sex | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Home Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel | | | | Hp | | | | 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 \$ per month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Type <input type="checkbox"/> HDB-3Rm/4Rm <input type="checkbox"/> HDB-5Rm/Executive Apartment <input type="checkbox"/> Executive Condo/HUDD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Private Apartment/Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Bungalow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years there _____ Months there _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bill To: <input type="checkbox"/> Home <input type="checkbox"/> Office | | | | Employment Pass Expiry Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YOUR WORKPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer/Business* <input type="checkbox"/> Tick here if self-employed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone & Ext. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position | | | | Type of Business | | | | Years There | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Monthly Income | | | | Annual Gross Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Income | | | | Online CPF-Statement Submission <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Current Employment is less than 3 years, please fill up this portion: Name of Previous Employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position | | | | Type of Business | | | | Years There | | | | | | | | | | | | | | | | | | | | | | | | | | |

| YOUR CREDIT REFERENCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|---|--|---------------------------------|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Are you an existing UOB 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YOUR FAMILY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Maiden Name (for emergency identification purposes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse's Name as in NRIC/Passport/PR* | | | | | | NRIC/Passport*/PR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Relative or Friend Not Staying With You | | | | Relationship | | | | Tel | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | [] [] - [] [] - [] [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My Asia Miles Membership No. | | | | [] [] - [] [] - [] [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A S\$10 conversion fee will be charged to your Card for each conversion of UNi\$ to Frequent Flyer Miles. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SWELL-THE REWARDS NETWORK REGISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, I would like to link my following accounts to the SWELL Rewards Network | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shell Card/Escape Card No. (Only principal and non-corporate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] [] [] [] [] [] [] | | - | | [] [] [] [] [] [] [] [] | | - | | [] [] [] [] [] [] [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CARD PIN REQUEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, I would like to request for a Card PIN which will allow me to obtain cash advances from ATMs locally and worldwide with my Credit Card. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UOB GROUP ACCOUNT LINKAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, I would like to access my UOB Group account(s), including NETS payments, with my Credit Card. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UOB Current Account No. | | | | [] [] [] [] - [] [] [] [] - [] [] [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UOB Savings Account No. | | | | [] [] [] [] - [] [] [] [] - [] [] [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CREDITSHIELD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, I wish to enrol in UOB CreditShield for just S\$0.23 a month for every S\$100 (or any part thereof) in my monthly outstanding UOB Credit Card balance. No premium will be charged if the balance is zero. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>I declare that I am under 60 years of age and that I have not been hospitalised in the last 12 months nor suffered from any physical defects, injuries or impairments, and that I am in good health. I agree to be bound by the terms and conditions of the policy to be issued. Pursuant to Section 25(5) of the Insurance Act (Cap142), you are to disclose, fully and faithfully, all the facts as you know them or ought to know them. Failure to do so may render the policy issued void.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Signature _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENTARY CARD APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (within 19 spaces) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NRIC/Passport/PR* | | | | Nationality | | Sex | | Race | | Date of Birth Day Mth Yr | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel | | | | Hp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-Mail Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Income | | | | | | Relationship to Principal Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| UOB CASHPLUS APPLICATION | | | | |
|--|--------------|-------------------|-----------------|--|
| <input type="checkbox"/> Yes, I would like to apply for UOB CashPlus (personal line of credit) | | | | |
| Applicant must be a Singapore Citizen or Permanent Resident of Singapore between 21 and 55 years of age. A copy of both sides of your identification card is also required. | | | | |
| First year annual fee of S\$50 waived. (For new UOB CashPlus customers only and not applicable with any other promotions). | | | | |
| UOB PERSONAL INTERNET BANKING | | | | |
| A UOB Personal Internet Banking Username and Password will be mailed to you. This gives you access to your card account information online. | | | | |
| If you are an existing UOB Personal Internet Banking customer, your Credit Card account will be automatically linked to your existing username. | | | | |
| DECLARATION OF APPLICANT(S) (IMPORTANT: PLEASE READ BEFORE SIGNING) | | | | |
| 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 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 | | | | |
| (b) 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 | | | | |
| 2. 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. | | | | |
| 3. In respect of the Card: | | | | |
| a) 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 | | | | |
| b) 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; | | | | |
| c) 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 | | | | |
| d) 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 half. | | | | |
| e) I agree to abide by all terms and conditions governing the SWELL Rewards Network | | | | |
| 4. Where I have applied for the UOB CashPlus facility, I hereby unconditionally agree to be bound by the following terms and conditions/agreement: | | | | |
| (a) Terms & 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 : the copies of the terms and conditions numbered 4(a) to 4(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 agreement numbered 4(d) above on the Bank's website at www.uobgroup.com/PUBTrnC.htm I agree that upon 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 cut in half, will constitute my/our agreement to be bound by all Terms and Conditions/Agreement stated in this paragraph 4. | | | | |
| 5. I/we irrevocably and unconditionally agree to be bound by the Terms & Conditions of UOB Personal Internet Banking Access. | | | | |
| Principal Applicant's Signature/Date | | | | Supplementary Applicant's Signature/Date |
| FOR BANK USE | | | | |
| Remark | | | | |
| Bankwide CIF Number | | | Country Code | Identity Type |
| Credit Limit | Census | Billing Cycle | Industrial Code | Occupational Code |
| Type of Residence | | Branch Staff Code | | Freend |
| Card Fee Date | | | | |
| Review Code | Monitor Code | Expiry Date | Card Type | Officer Code |
| Approval Code | | CreditShield | Officer Name | Approval Name |

***Please delete wherever appropriate.**
The provision of this application form does not automatically indicate that United Overseas Bank Limited will accept the contents and issue a UOB Card. United Overseas Bank Limited reserves the right to reject the application without assigning any reason whatsoever.