

CREDIT CARD APPLICATION FORM

***2-year Annual Fee Waiver. Additional 1-year Annual Fee Waiver with Balance Transfer at point of card application.**

YES! I wish to apply for (please tick '✓')

Minimum income requirement: Lady's Classic, VOX & ONE Classic - RM18,000 p.a.
Lady's Platinum & ONE Platinum - RM48,000 p.a., Preferred Platinum - RM70,000 p.a.

ONE Classic Lady's Classic
- Subsequent year fee waiver subject to 1 transaction p.m. - Annual Fee: RM68 per card

Preferred Platinum MasterCard Preferred Platinum Visa ONE Platinum Lady's Platinum
- Subsequent year fee waiver subject to RM3,000 p.a. + 1 transaction p.m. - Annual Fee: RM388 per card

VOX
- minimum spend RM50 per month or RM6 admin fee per month

MY PERSONAL DETAILS

Mr Ms Mdm Others _____
(Please specify)

Name (The name should be identical to NRIC/Passport)

Name To Appear On Card (The name should be identical to NRIC/Passport)(Not more than 19 characters)

NRIC/Passport No. Old _____ Sex Male Female
New _____

Date of Birth _____ Place of Birth _____
Day Mth Yr

Marital Status Single Married Divorced Widowed
Nationality _____ Relationship with Principal Applicant _____

Race Malay Chinese Indian Others _____

Highest Educational Qualification Primary Secondary College
 Tertiary
(Please specify qualification)

Home Address (P.O. Box address is not acceptable)

Postcode _____ City _____ State _____

Home Tel No. _____ Handphone _____

E-mail Address _____

Residence Is Owned Parents' Employer's Rented Mortgaged

Years There 5 Years 10 Years _____ Years

MY WORK PLACE

Name of Company _____ Self-Employed

Office Address _____ Nature of Business _____

Postcode _____ City _____ State _____

Tel No. _____ Fax No. _____

Position Held _____ Years of Service _____

Name of Previous Employer (If current employment is less than 2 years) _____

Position Held _____ Years of Service _____

MY INCOME DETAILS

Annual Income (RM) _____ Sources of Other Income (RM) _____

MY SECURITY CODE

Mother's Maiden Name (For verification purposes) _____

MY EMERGENCY CONTACT

Name of Relative Not Staying With Me _____

Tel No. _____ Relationship _____

E-mail Address _____

MY BANKING REFERENCE

Bank/Finance Co.	Card/Account No.	Facility Type
1	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> CA / SA
2	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> CA / SA
3	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> CA / SA

MY CORRESPONDENCE

Home Office

SUPPLEMENTARY CARD APPLICATION

Note: All Supplementary Card(s) issued will follow the Principal Card type.

Mr Ms Mdm Others _____
(Please specify)

Name (The name should be identical to NRIC/Passport)

Name To Appear On Card (The name should be identical to NRIC/Passport)(Not more than 19 characters)

NRIC/Passport No. Old _____ Sex Male Female
New _____

Date of Birth _____ Place of Birth _____
Day Mth Yr

Marital Status Single Married Divorced Widowed
Nationality _____ Relationship with Principal Applicant _____

Race Malay Chinese Indian Others _____

Home Address (If differs from Principal Applicant)

Postcode _____ City _____ State _____

Home Tel No. _____ Handphone _____

E-mail Address _____

Name of Company _____

Nature of Business _____

Office Tel No. _____ Position Held _____

Mother's Maiden Name (For verification purposes) _____

SMART PROTECTOR ENHANCED (OPTIONAL)

Important Notice: (Underwritten by Uni.Asia Life Assurance Berhad)

Pursuant to section 149(4) Insurance Act 1996, you are to disclose in this application form, fully and faithfully all facts which you know or ought to know otherwise the certificate of insurance issued hereunder may be invalidated. This insurance plan is limited to Cardmembers below the age of 66 years. Please note the exclusions/risks not covered/limitations of coverage listed in the document enclosed.

The monthly premium is calculated at RM0.65 per month for every RM100 outstanding balance. This premium rate may be subject to change.

the Principal Applicant the Supplementary Applicant No _____
herby wish to apply for the above coverage.

I, hereby declare that I (a) am below the age of 66 years, (b) presently in a good state of health (c) have not suffered any illness or disease, sustained bodily injury and/or physical impairment/defect during the past five years and (d) have not ever been treated for or been told to have heart disease, high blood pressure, diabetes, lung disease, cancer, ulcer, AIDS, AIDS related complex, any other AIDS related condition, HIV infection or any other serious disorders. Please state details below if the declaration above is otherwise.

Principal Applicant	_____
Supplementary Applicant	_____

Upon approval of this application, I hereby expressly instruct UOB Card Centre to charge, as and when due, the monthly premium to the extent of the sum outstanding against my credit card at its respective billing date.

Principal Applicant's Signature _____ Supplementary Applicant's Signature _____

DECLARATION

POLITICALLY EXPOSED PERSON DECLARATION (e.g. MINISTERIAL/DIPLOMATIC POSITIONS)

Principal Applicant

Not Applicable

Yes, I / my immediate family member / close associate / relative currently hold / seeking have held

Senior public office: _____ Relationship: _____
Position held: _____ Period from dd / mm / yy To dd / mm / yy

Supplementary Applicant

Not Applicable

Yes, I / my immediate family member / close associate / relative currently hold / seeking have held

Senior public office: _____ Relationship: _____
Position held: _____ Period from dd / mm / yy To dd / mm / yy

*A PEP is defined as a natural person who is or has been entrusted with prominent public functions and includes the immediate family members and close associates of such a person, as well as corporations, businesses or other entities formed by or for the benefit of such a person. Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil servants, senior judicial or military officials, senior executives of state owned corporations, and senior political party officials. It does not include junior or middle ranking individuals.

"I/We, the Principal Applicant and/or Supplementary Applicant hereby request United Overseas Bank (Malaysia) Bhd ("the Bank") to issue UOB Visa Card(s) and/or MasterCard(s) to me/us. I/We hereby agree to be bound by the terms and conditions on the issuance and usage of the credit card(s) under the UOB Credit Card Agreement. I, the Principal Applicant shall be responsible for all liabilities & obligations of the Principal Applicant as well as all Supplementary Applicant(s). I, the Supplementary Applicant(s) however, shall only be jointly and severally responsible for my own liabilities & obligations. I/We, warrant that all information given in this application is true, accurate and correct and I/We authorize the Bank to verify the information provided and to obtain from any financial institution, the Director General of Inland Revenue, credit information or credit reference providers and any other sources that Bank shall deem necessary any information which the Bank may require. I/We hereby consent to the Bank disclosing from time to time any information on me/us and my/our account(s) to the Bank's head office/parent company and to any other related entity/company/companies within United Overseas Bank (UOB) Group, whether in or outside Malaysia. I/We acknowledge that the credit card(s) remain the property of the Bank and must be returned upon the Bank's request. I/We consent to the linking of UOB Visa Card(s) and/or MasterCard(s) to the UOB121 phone banking services". Conditions apply.

Note: The provision of this form does not automatically indicate that the Bank will accept the contents and issue a UOB Visa/MasterCard to the Principal Applicant and/or the Supplementary Applicant(s). The Bank reserves the right to reject any application without assigning any reasons whatsoever.

Principal Applicant's Signature _____ Supplementary Applicant's Signature _____
Date _____ Date _____

Before you acknowledge receipt and/or use the Visa/MasterCard Card issued by United Overseas Bank (Malaysia) Bhd, please read carefully the Terms and Conditions under the UOB Credit Card Agreement, that will be sent with the Visa/MasterCard Card. For a full and detailed list of our charges, kindly log on to our website www.uob.com.my

FOR BANK USE ONLY

For Branch Use	For CMD Use
Introduced and/or Completed By	Q D11 D22 D33 D44 D55
Comments	ID U C R _____
Name	CL
Signature	B
Date	S
Designation	T
Tel/Ext	Recommended by
Staff ID	Approved by
DIV/Dept/Br	Date
Source Code	