

CREDIT CARD APPLICATION FORM

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

Minimum income requirement:

Lady's Classic, VOX & ONE Classic - RM18,000 p.a.

Preferred Platinum, Lady's Platinum & ONE Platinum - RM70,000 p.a.

<input type="checkbox"/> ONE Classic	<input type="checkbox"/> ONE Classic + Lady's Classic	<input type="checkbox"/> Preferred Platinum MasterCard
<input type="checkbox"/> Lady's Classic	<input type="checkbox"/> ONE Classic + VOX	<input type="checkbox"/> Preferred Platinum Visa
<input type="checkbox"/> VOX		<input type="checkbox"/> ONE Platinum
		<input type="checkbox"/> Lady's Platinum
Annual Fee: RM68 per card	Annual Fee: Waived for life (minimum 6 transactions per card per annum)	Annual Fee: RM388 per card

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

No. of Dependent(s) _____ Nationality _____

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

Bill To Home Office

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 _____ Credit Card CA / SA

2 _____ Credit Card CA / SA

3 _____ Credit Card CA / SA

CARD COLLECTION

Courier To 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 _____

Office Tel No. _____ Position Held _____

Mother's Maiden Name (For verification purposes)

SMART PROTECTOR ENHANCED (OPTIONAL)

(Underwritten by Uni.Asia Life Assurance Berhad)

Important Notice:

- 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.

I am the Principal Applicant Yes No I am the Supplementary Applicant hereby 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

"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/We further agree that I/We are jointly and severally liable for all amounts incurred by the Supplementary Cardmember of the Visa/MasterCard Card. 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 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.

(FOR NON-MALAYSIANS ONLY. "I/We confirm that my/our borrowings from sources within Malaysia do not exceed in aggregate RM200,000.")

Annual fees shall be waived on condition that the minimum yearly transaction requirements for the year are met for each respective Card. In the event that accumulated number of transactions and/or amount charged in the year is less than the minimum yearly transaction requirements stipulated therein, an annual fee will be imposed and shall be debited to the credit card account(s) payable in accordance with the UOB Visa/MasterCard Cardmember Agreement. The minimum yearly transaction requirements and the annual fee for each type of the Card will be as specified by the Bank at its sole discretion from time to time. For purpose of computation of the minimum yearly transaction requirements, interest charges, outstanding balances carried forward, settlement of any outstanding balances or charges imposed by the Bank shall not be taken into account.

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 _____
Date _____

Supplementary Applicant's Signature _____
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	
Source Code	Date
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