



UOB SUPPLEMENTARY CREDIT CARD(S) CREDIT LIMIT ADJUSTMENT APPLICATION FORM

Please mail the completed form to us. Please allow two weeks for application processing. Applications with incomplete information will experience a delay in processing.

YOUR PARTICULARS

Name as in NRIC/Passport (underline surname): _____

NRIC/Passport no.: _____

Principal Cardholder's UOB Credit Card no.: _____

Please indicate any one of your UOB Credit Card no.s for verification purposes only.

Occupation (please tick one box only) Mandatory

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Account Assistant | <input type="checkbox"/> Operation Assistant | <input type="checkbox"/> Consultant | <input type="checkbox"/> Marketing Executive | <input type="checkbox"/> Technician/Engineering Assistant/Traffic Assistant |
| <input type="checkbox"/> Government Officer | <input type="checkbox"/> Service Industry Staff | <input type="checkbox"/> Engineer | <input type="checkbox"/> Sales Assistant | <input type="checkbox"/> Director/Managing Director/Chairman |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Accountant/Financial Controller | <input type="checkbox"/> Sole Proprietor/Partner | <input type="checkbox"/> Sales Executive | |
| <input type="checkbox"/> Insurance Agent/Financial Planner | | | <input type="checkbox"/> Others | |

SUPPLEMENTARY CARDHOLDER 1

SUPPLEMENTARY CARDHOLDER 2

Yes! I would like to increase the credit limit on my (please complete where applicable):

Name of Cardholder: _____

NRIC/Passport no.: _____

Please tick one of the options below:

I have no preference for the credit limit on my UOB Credit Card(s).

OR

Preferred UOB Credit Card limit: S\$ _____
(In multiples of S\$500)

Name of Cardholder: _____

NRIC/Passport no.: _____

Please tick one of the options below:

I have no preference for the credit limit on my UOB Credit Card(s).

OR

Preferred UOB Credit Card limit: S\$ _____
(In multiples of S\$500)

SUPPLEMENTARY CARDHOLDER 3

SUPPLEMENTARY CARDHOLDER 4

Name of Cardholder: _____

NRIC/Passport no.: _____

Please tick one of the options below:

I have no preference for the credit limit on my UOB Credit Card(s).

OR

Preferred UOB Credit Card limit: S\$ _____
(In multiples of S\$500)

Name of Cardholder: _____

NRIC/Passport no.: _____

Please tick one of the options below:

I have no preference for the credit limit on my UOB Credit Card(s).

OR

Preferred UOB Credit Card limit: S\$ _____
(In multiples of S\$500)

We understand that the Bank has the right to grant us a credit limit that is lower than what We have indicated above. If no preferred credit limit is stated or if no options are selected, we understand that the Bank has the right to assign the credit limit(s) at its discretion and We hereby confirm that We agree and consent to any credit limit assigned by the Bank. Preferred credit limit will be rounded up to the nearest S\$500. We understand that the credit limit of all the Supplementary Card(s) under the relevant Supplementary Cardholder(s) of the Principal Cardholder will be adjusted according to the options indicated in this form, unless otherwise informed by the Bank.

DECLARATION AND AUTHORISATION

By signing this Application Form, We, the Applicants:

- represent and warrant that all information and documents provided by us in this application is true and complete.
- hereby authorise UOB (the "Bank") to obtain and verify any information about us at the Bank's discretion and further authorise the Bank to conduct credit checks and verify information given in this application with any party without reference to us.
- confirm and agree that if this application has been sent by fax and/or email, the Bank is authorised to rely and act upon on the faxed and/or emailed copy without the original.
- hereby consent that the Bank may at any time without liability to us, use and/or disclose any information relating to us or any of our accounts with the Bank for purposes relating to this Application (including without limitation to the Consumer Credit Bureau, the Bank's branches worldwide and its officers, agents, correspondents and independent contractors).
- understand that the credit limit of all the Supplementary Card(s) under the relevant Supplementary Cardholder(s) of the Principal Cardholder will be adjusted according to the options indicated in this form, unless otherwise informed by the Bank.
- understand that any credit limit adjustment will not be applicable to existing Supplementary Cardholder(s) not indicated on this application form, if any.
- hereby confirm that We have read, understood and agree to be bound by the terms and conditions set out on the reverse side of this Application Form.
- further understand that the terms and conditions contained in the UOB Cardmember Agreement which can be obtained at uob.com.sg will continue to apply.

Principal Cardholder's
Signature and date

Supplementary Cardholder 1's
Signature and date

Supplementary Cardholder 2's
Signature and date

Supplementary Cardholder 3's
Signature and date

Supplementary Cardholder 4's
Signature and date

For Bank Use

Source Code: 50019 (CC)

CL: Fr	To:	AI:	
QC:	AL:	Reviewed By:	Approved By:
QL:	F:		

Terms & Conditions:

1. If the credit limit for your UOB Credit Card(s) is reduced pursuant to the Bank's review and the current outstanding balance of your UOB Credit Card(s) exceeds that of the revised credit limit, you must immediately pay the Bank such excess in such manner as the Bank may in its absolute discretion direct.
2. The Bank reserves the right to request for additional documents for the purpose of assessing your application.
3. The approval of your application is at the sole discretion of the Bank and the Bank's decision is final.
4. The status of your application will be sent to the Principal Cardholder's address as in the Bank's record.

**BUSINESS REPLY SERVICE
PERMIT NO. 02051**



UNITED OVERSEAS BANK LIMITED
UOB CARD CENTRE
ROBINSON ROAD P.O. BOX 1688
SINGAPORE 903338

Postage will be
paid by addressee.
For posting in
Singapore only.