

To: DBS Bank Ltd  
 T&O Credit Operations  
 2 Changi Business Park Crescent  
 #07-03, DBS Asia Hub, S486029  
 Fax: 6782 1063

**SUPPLEMENTARY CARD(S) MONTHLY SPENDING LIMIT ADJUSTMENT**

Principal Cardmember's Details	
Name	: _____
NRIC/Passport	: _____
Contact Numbers	: _____ (Mobile) _____ (Home)
Credit Card No.	: _____ - _____ - _____ - _____

First Supplementary Cardmember's Details	
Name	: _____
NRIC/Passport	: _____
Contact Numbers	: _____ (Mobile) _____ (Home)
Credit Card No.	: _____ - _____ - _____ - _____
<b>Please choose ONE of the options below.</b>	
1)	<input type="checkbox"/> Assign monthly spending limit* on Supplementary Card (min S\$500, in multiples of S\$100): S\$ _____ .00
2)	<input type="checkbox"/> Remove the existing monthly spending limit on Supplementary Card <sup>#</sup>

Second Supplementary Cardmember's Details	
Name	: _____
NRIC/Passport	: _____
Contact Numbers	: _____ (Mobile) _____ (Home)
Credit Card No.	: _____ - _____ - _____ - _____
<b>Please choose ONE of the options below.</b>	
1)	<input type="checkbox"/> Assign monthly spending limit* on Supplementary Card (min S\$500, in multiples of S\$100): S\$ _____ .00
2)	<input type="checkbox"/> Remove the existing monthly spending limit on Supplementary Card <sup>#</sup>

Third Supplementary Cardmember's Details	
Name	: _____
NRIC/Passport	: _____
Contact Numbers	: _____ (Mobile) _____ (Home)
Credit Card No.	: _____ - _____ - _____ - _____
<b>Please choose ONE of the options below.</b>	
1)	<input type="checkbox"/> Assign monthly spending limit* on Supplementary Card (min S\$500, in multiples of S\$100): S\$ _____ .00
2)	<input type="checkbox"/> Remove the existing monthly spending limit on Supplementary Card <sup>#</sup>

\*Upon card statement date, monthly spending limit will be reset to the respective assigned spending limit regardless whether the previous month's bill has been paid, provided that the refreshing of the spending limit does not exceed the Principal Cardmember's available credit limit.  
<sup>#</sup>Credit limit assigned to the Supplementary Cardmember will be the same and shared with the Principal Cardmember upon removal of spending limit.

Declaration			
By signing this form, I/We hereby declare and warrant that all information stated in this application is complete, true and accurate. I/We understand and acknowledge that my/our request will be processed within 5 working days upon DBS' receipt of the completed form.			
Signature of Principal Cardmember and Date:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Signature of First Supplementary Cardmember and Date:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Signature of Second Supplementary Cardmember and Date:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Signature of Third Supplementary Cardmember and Date:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>