

If only Part A is completed, please send to: DBS Bank Ltd – Credit Ops, 2 Changi Business Park Crescent, #07-03, DBS Asia Hub, 5486029. Otherwise, please send to: DBS Bank Ltd – Account Services, Simpang Bedok Post Office, PO Box 215, Singapore 914808.

Name:	IC/ Passport No.*:
Existing Credit Card ("Card") No.:	

PART A: CARD REPLACEMENT / TERMINATION / TEMPORARY CREDIT LIMITED INCREASE / ACTIVATION / MAGNETIC STRIPE (OVERSEAS USE)

Replace Card due to:	<input type="checkbox"/> Damaged / Faulty <input type="checkbox"/> Change of name embossed on the Card <input type="checkbox"/> Change of language choice: <input type="checkbox"/> English <input type="checkbox"/> Selection at ATM Card with same number will be issued	<input type="checkbox"/> Lost (Call Lost Card No. at 1800-1111111 immediately) <input type="checkbox"/> Non-receipt <input type="checkbox"/> Retained at ATM Card with different number will be issued
	<input type="checkbox"/> Terminate Card. Do not replace Card. (Card will be terminated within 3 working days upon receipt of this form. DBS points/rebates, if applicable, will be forfeited upon termination of the Card.)	

Increase Credit Limit [^] (temporary) to S\$_____	Start Date (dd/mm/yy): / / End Date (dd/mm/yy): / /
<small>[^]Note: The temporary credit limit increase amount can be used by both Principal and Supplementary Cardholders upon approval of request. Supplementary Cardholders will only be liable for the outstanding balance on their Card, up to the permanent credit limit. Principal Cardholders will be liable for all outstanding balances on the cards.</small>	Reason for temporary credit limit increase: Travel / Hospitalisation / Medical / Wedding / Funeral Provide details:

<input type="checkbox"/> I authorise DBS to activate my Credit Card. I acknowledge that I have received my Credit Card and/or PIN via mail.	
Magnetic Stripe (Overseas Use)	<input type="checkbox"/> Allow from ___/___/___(dd/mm/yy) to ___/___/___(dd/mm/yy)
	<input type="checkbox"/> Disallow
	<input type="checkbox"/> Start Now with No Expiry Date

Daily ATM cash withdrawal limit	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000
Daily ATM 3 rd Party Funds Transfer Limit	<input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000
Daily NETS limit	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000

<input type="checkbox"/> Please assign/change my Card's primary account ¹ to: _____ <small>¹Primary Account is used for Point-Of-Sale payments using PIN, ATM transactions without account selection (e.g. ATM Fast Cash).</small>

<input type="checkbox"/> Terminate link facility			
Secondary Accounts	<input type="checkbox"/> I wish to designate other secondary account(s):	1)	3)
		2)	4)
	<input type="checkbox"/> Please delete the following secondary account(s):	1)	3)
		2)	4)

<input type="checkbox"/> Please reissue me a PIN for my Credit Card

PART C: DECLARATION (Important: Please read before signing)

- I agree that the primary account as stated in Part B will be linked to my Credit Card account as specified by me.
- I agree that the secondary account(s) as stated in Part B are in order of priority.
- I agree that if my primary account is terminated for whatever reason, DBS Bank Ltd ("DBS") is entitled to link the secondary account as stated herein as the primary account for my Credit Card, subject to DBS' approval.
- I confirm that the information given in this application is complete, true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately inform DBS of such change or inaccuracy.

PART C: DECLARATION (Important: Please read before signing)

5. I acknowledge that DBS has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.
6. I understand and acknowledge that this application will be processed within 5 working days upon DBS' receipt of the completed form.
7. I further confirm that I have read and understood and hereby agree to be bound by the DBS Privacy Policy. I have obtained a copy of the DBS Privacy Policy by:
 - (a) downloading a soft copy from www.dbs.com/privacy; or
 - (b) obtaining a hard copy from a DBS/POSB branch.

I hereby consent to the collection, use, disclosure and processing of my personal data in accordance with the terms and conditions governing the products and/or services applied for herein and the DBS Privacy Policy, as may be amended by the Bank from time to time.

8. I am aware of Singapore's firm stance against illegal and illicit activities. I confirm that my application for this facility/product is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities.
9. For replacement/termination of card: the Card was returned to me. the Card was disposed at DBS securely.

Declaration on Card's magnetic stripe for overseas use (where applicable)

1. I acknowledge and agree that:
 - i. allowing the Card's magnetic stripe for overseas use will enable me to perform (where applicable) (a) Cash withdrawal at overseas ATMs (except for DBS American Express®Cards); (b) Credit Card overseas Cash Advance; and/or (c) Credit Card and Debit Card overseas retail transactions at magnetic stripe (swipe) terminals;
 - ii. the magnetic stripe for overseas use can be subsequently allowed/disallowed via SMS, iBanking/mBanking or at any DBS/POSB ATMs in Singapore (Note: It is recommended that you set the magnetic stripe on your Card(s) to disallow overseas use when you are in Singapore because the risk of unauthorised transactions occurring on the Card is higher when the magnetic stripe is enabled for overseas use, as the magnetic stripe data can be easily copied.); and
 - iii. DBS reserves its rights to disable the magnetic stripe for overseas use at its discretion at any time without notice or liability to any party.

Signature/Thumbprint#Account Holder	Date

#Thumbprint must be taken and witnessed at Branch. Please sign as per your DBS/ POSB Bank account records.

* Delete where applicable

For DBS Bank's Use Only

Action by Branch		Action by Credit Ops (CP no: AH0016)	Action by Account Services (CP no: AH0011)
Attended By (Name, Signature, Date) (SV) (CS) IDS _____	Authorised By: (Name, Signature, Date) (SV) (CS) IDS _____	Attended by: Authorised by: Branch Name/Branch Code:	Authorised by: Keyed in by: Report checked by: