



PLUS! LETTER OF INSTRUCTION – ACCOUNT CLOSURE FORM

Name of Account Holder:

NRIC/Passport No.:

Plus! Savings Account:

Plus! Visa Card No.:

Contact No.:

_____ HP _____ Office

_____ Home

Note: For updating of contact details, please use OCBC Online Banking/ATM.

I authorise you to:

ACCOUNT CLOSURE

Complete either Part A or Part B only.

A. FOR PLUS! VISA DEBIT CARDMEMBERS

- Close my Plus! Savings Account. I understand that:
1. Upon closure of my Plus! Savings Account, my Plus! Visa Debit Card linked to my Plus! Savings Account will automatically be terminated.
 2. Accordingly, I confirm that my Plus! Visa Debit Card has been destroyed.

B. FOR PLUS! VISA CREDIT CARDMEMBERS

Please choose one of the following:

- Close my Plus! Savings Account **BUT** leave my Plus! Visa Credit Card active.
- Close my Plus! Savings Account **AND** terminate my Plus! Visa Credit Card.
- I confirm that my Plus! Visa Credit Card has been destroyed.
- Terminate my Plus! Visa Credit Card only.
- I confirm that my Plus! Visa Credit Card is either a standalone credit card or my Plus! Savings Account was previously closed.

MODE OF FUNDS RETURN

Please refund the sums owing to me from the above stated account(s), if any, as per my selection below (please tick only one):

- Transfer to my OCBC Personal Account No.:
- _____
- Send a Cashier's Order to my account mailing address by normal post.
- Send a Cashier's Order to my account mailing address by registered post.*
- * Please deduct the prevailing cost for local registered post (S\$2.30) from the account prior to closure. I understand that should the postal address be outside Singapore, registered postage charges based on prevailing rates will apply. In the event that there are insufficient funds, please arrange to send the Cashier's Order by normal post.



1800 820 2020 (9am–10pm)



contactus@plus.com.sg



www.plus.com.sg

DECLARATION

I understand that unless specified, the sums owing to me will be sent via a cashier's order to my account mailing address by normal post.

I will indemnify the Bank against all costs (including legal costs on a full indemnity basis), expenses, claims, damages, liabilities, demands, actions, proceedings and losses which may be incurred or suffered by the Bank in relation to or arising out of acceding to my request as aforesaid.

I understand that once closed, the account cannot be used for any further transaction, whether at the self-service banking facilities (e.g. ATM, Phone Banking, Internet Banking, etc.) or otherwise and any cheque presented for clearing will be returned notwithstanding that it is dated before the date of closure.



Date: _____

Signature of Account Holder (Please sign according to your records with us)

FOR BANK USE

For Branch/BU Use Remarks

Processed By/Date

Verified/Authorised By/Date

Department Name



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