

## OCBC BUSINESS CREDIT CARD MAINTENANCE FORM

Please complete this form and mail it back to us at:  
 OVERSEA-CHINESE BANKING CORPORATION LIMITED, OCBC Business Credit Card, Privy Box No: 920315, Singapore 929292

**Your request will be processed within 3 business days.**  
**All fields must be completed for your request to be processed. Please write clearly and use BLOCK LETTERS.**

COMPANY DETAILS																					
Registered Business Name (the "Company"):	Registration No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				

PART 1 – CARD REPLACEMENT / TERMINATION																																								
Cardholder's name as in NRIC/Passport : _____ ID number: _____																																								
OCBC Business Credit Card number : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																								
<i>Please tick where appropriate</i>																																								
<b>(a) Please replace card (S\$25 card replacement fee applies) due to:</b>																																								
<input type="checkbox"/> Damaged / faulty card <input type="checkbox"/> Lost / stolen card <input type="checkbox"/> Card retained at ATM machine  <input type="checkbox"/> Change in cardholder's name to be embossed on card : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <small>(Maximum 19 letters inclusive of space; must be similar to your identity documents)</small>  <input type="checkbox"/> Change in Company name to be embossed on card : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <small>(Maximum 19 letters inclusive of space; must contain part of or the full Registered Business Name)</small>																																								
<b>(b) Card termination:</b>																																								
<input type="checkbox"/> Please terminate card																																								
Please note: The outstanding amount of the terminated card will become due for immediate payment.																																								

PART 2 – CHANGE IN CARD LIMITS																				
Cardholder's name as in NRIC/Passport : _____ ID number: _____																				
OCBC Business Credit Card number : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
Please change card limit to (min. S\$2,000, in increments of S\$500): S\$ _____	Cardholder's signature: <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td style="width: 100%;"></td></tr> </table> Date: _____																			
Cardholder's name as in NRIC/Passport : _____ ID number: _____																				
OCBC Business Credit Card number : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
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PART 3 – CHANGE IN MAILING ADDRESS / CONTACT PERSON FOR SUMMARY BILLING STATEMENTS AND OTHER CARD REPORTS OR NOTIFICATIONS		
Name of person to receive summary billing statements and other Card reports or notifications for and on behalf of the Business:  <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms	Designation:	Contact number:
New mailing address (leave blank if no change from current):  <div style="text-align: right;">Postal code: _____</div>		

**DECLARATION & AGREEMENT ON BEHALF OF THE COMPANY**

By signing below, I/we confirm that I/we am/are authorised to sign this application form for and on behalf of the Company.

In consideration of you processing our application (as stated herein), I/we hereby declare, warrant and agree:-

- i. That all information submitted above or otherwise in connection with my/our request(s) in this form are true and accurate in all respects;
- ii. that I/we understand, accept and agree the provision of the services requested is subjected to the terms of the OCBC Cardmember's Agreement (Business), a copy of which is available on the OCBC website ([www.ocbc.com](http://www.ocbc.com)). I/we jointly and severally agree to be bound by the same which shall include any amendment, alteration and addition made thereto as may from time to time;
- iii. that I/we will supply any additional information and documentary proof as you may require and/or execute all documents and instruments and do all acts and things as may be required by you in connection with the processing of this form and the operation and maintenance of our OCBC Business Credit Card(s) with you;
- iv. that Oversea-Chinese Banking Corporation Limited ("OCBC") has the right not to approve any of the request(s) in this form at its absolute discretion. I/We understand that in the event that my/our request(s) is rejected, OCBC is not under any obligation whatsoever to give me/us any reason or explanation.

**To be signed by persons authorised to sign OCBC Business Credit Card Maintenance Forms:**

(Sole Proprietorship – Sole Proprietor / Partnerships – All partners / Companies or LLP – As per directors' or partners' resolution)

\_\_\_\_\_  
Authorised Person  
Name:  
ID no.:  
Date:

\_\_\_\_\_  
Authorised Person  
Name:  
ID no.:  
Date:

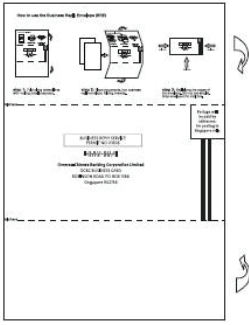
\_\_\_\_\_  
Authorised Person  
Name:  
ID no.:  
Date:

\_\_\_\_\_  
Authorised Person  
Name:  
ID no.:  
Date:

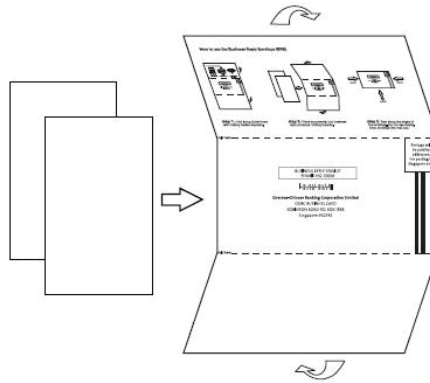
**FOR BANK'S USE ONLY**

Attended/reviewed by: Staff ID, Stamp & Signature	Checked by: CSM/BM Name, Stamp & Signature (for branches only)	Branch Stamp (for branches only)
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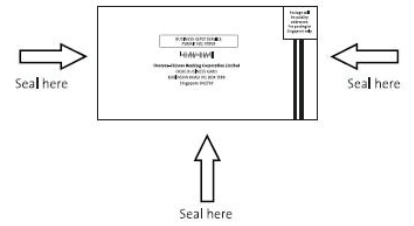
## How to use the Business Reply Envelope (BRE)



**Step 1**  
Fold along the dotted lines. Fold the top and bottom sections inwards with the mailing address in front.



**Step 2**  
Enclose your documents within the sleeve created in Step 1.



**Step 3**  
Seal the edges with clear tape to secure your documents inside.

BUSINESS REPLY SERVICE  
PERMIT NO. 01808



**OVERSEA-CHINESE BANKING CORPORATION LIMITED**  
OCBC BUSINESS CREDIT CARD  
PRIVY BOX NO: 920315  
SINGAPORE 929292

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