



PART 1: FOR APPLICANT'S COMPLETION (fill in the boxes indicated with ✓)

Name of Billing Organisation ("BO"):

OVERSEA-CHINESE BANKING CORPORATION LIMITED CREDIT CARDS

Cardmember's Name (Please use BLOCK letters):

✓

✓ VISA/MasterCard/Robinson Card Number

Age Group	Number of People
10	10
20	20
30	30
40	40
50	50
60	60
70	70
80	80
90	90

✓ VISA/MasterCard/Robinson Card Number

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.

(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This Authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

(d) I consent for OCBC and its related corporations to collect, use and disclose my/our personal data to facilitate and administer my requests contained herein, in accordance with OCBC's Data Protection Policy (available at [OCBC website](#) > Personal Banking > Policies).

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:	My/Our Contact (Tel/Fax) Number(s):
	
(As in Financial Institution's records)	

PART 2: FOR BILLING ORGANISATION'S COMPLETION

VISA/MasterCard/Robinson Card DDA Reference No. _____

VISA/MasterCard/Robinson Card DDA Reference No. _____

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s)

- ☐ Signature/thumbprint# differs from Financial Institution's records
 ☐ Wrong account number
- ☐ Signature/thumbprint# incomplete/unclear#
 ☐ Amendments not countersigned by customer
- ☐ Account operated by signature/thumbprint#
 ☐ Others: _____

Date _____

#Please delete where inapplicable.