



1800 820 2020  
 contactus@plus.com.sg  
 www.plus.com.sg

**Please complete and mail to:**

Plus! U, c/o Oversea-Chinese Banking Corporation Limited,  
 Card Operations, PO Box 1187, Robinson Road Post Office, Singapore 902337

**PLUS!  
 CREDIT/DEBIT CARD  
 MAINTENANCE FORM**

**CUSTOMER'S PARTICULARS (Please ensure all fields are completed)**

Name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Dr		NRIC/Passport No.
Credit/Debit Card No. 4 3 4 9 2	Account Number issued with Credit/ Debit Card 5	Contact No.

**MAINTENANCE REQUEST (Please tick)**

<b>1. <input type="checkbox"/> CHANGE OF DAILY CARD WITHDRAWAL/PURCHASE LIMIT (PLEASE TICK ONE)</b> <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$3,000 (Default Daily Limit) <input type="checkbox"/> S\$5,000	<b>2. <input type="checkbox"/> CHANGE OF DAILY VISA/MASTERCARD SPENDING LIMIT (PLEASE TICK ONE)</b> <input type="checkbox"/> S\$0 <input type="checkbox"/> S\$200 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$50,000
<b>3. ALLOW OVERSEAS CASH WITHDRAWAL SERVICE*</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*Applicable to Plus! Credit/Debit Card linked to Plus! Savings Account only.</small>	<b>4. <input type="checkbox"/> PIN REISSUE</b> <b>Please reissue my ATM/Card PIN as I have forgotten my PIN/did not receive my PIN.</b> I undertake to be liable and responsible for all withdrawals of cash and transactions made, performed, processed or effected or electronic fund transfer effected through the use of the Plus! Card whether with or without my knowledge or authority.
<b>5. <input type="checkbox"/> CARD REPLACEMENT</b> Please replace my Plus! card due to:- <input type="checkbox"/> Damaged/Faulty Card <input type="checkbox"/> Lost/Stolen Card <input type="checkbox"/> Retain Card/Non-Receipt <input type="checkbox"/> Change in signature on the card <input type="checkbox"/> Change in name appearing on card _____ <small>(Please state new name)</small>	
<b>6. TAG ACCOUNT TO PLUS! VISA CREDIT/DEBIT CARD</b> Please tag my Plus! Savings Account to my: <input type="checkbox"/> Plus! Visa Credit Card: _____ - _____ - _____ - _____ <input type="checkbox"/> Plus! Visa Debit Card: _____ - _____ - _____ - _____	

**DECLARATION & AGREEMENT**

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

(a) that all information submitted above or otherwise in connection with my application are true and accurate in all respects;

(b) that I understand, accept and agree to the terms and conditions stated in this application and I further understand, accept and agree that the Plus! Credit/Debit Cardmembers Agreement, the Terms and Conditions Governing Plus! Deposit Accounts, the Terms and Conditions Governing – Electronic Banking Services and Terms and Conditions – eStatements, the Terms and Conditions Governing Plus! LinkPoints Loyalty Programme and such other terms and conditions governing or in connection with the use of my Plus! Credit/Debit Card and/or any of my Plus! Accounts shall continue to apply in full force and effect and be binding on me;

(c) that I 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 to you in connection with the processing of this application and the operation and maintenance of my Plus! Credit/Debit Card with you;

(d) that I will give you notice in writing of any changes in particulars given above and to submit relevant documentary proof to you for any change of the particulars given above; and

(e) that I understand that you have the right to reject this application at your sole and absolute discretion. I understand that in the event that my application is rejected, you are not under any obligation whatsoever to provide me any reason or explanation.

\_\_\_\_\_  
 Signature of account holder (Please sign as per your records with us)

**FOR BANK USE**

Date/Time	Processed By	Approved By
	Name/Signature	Name/Officer's Signature

Postage will  
be paid by  
addressee.  
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Singapore only.

**BUSINESS REPLY SERVICE**  
**PERMIT NO. 08063**



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