

UOB CREDIT/ DEBIT CARD ACTIVATION FORM

Please complete all fields before mailing back to us using the enclosed Business Reply Envelope.
 Please ensure that any amendment made is countersigned.

PART 1: YOUR PARTICULARS

Name (Full name as per NRIC/Passport): _____	NRIC/Passport Number: _____
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PART 2: ACTIVATION OF UOB CREDIT/DEBIT CARD

Please state the 15/16-digit Card number of the card(s) you wish to activate*.

I hereby instruct the bank to activate the following UOB Card accounts:

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***Terms and Conditions**

- Principal Cardmember is authorised to activate his/her Principal and Supplementary Card accounts under his/her Principal Card account(s).
- Supplementary Cardmember is only allowed to activate his/her own Supplementary Credit Cards.

PART 3: DECLARATION AND AGREEMENT

1. I hereby confirm that I have read and understood the Terms and Conditions stated herein and agree to be bound by them.
2. I hereby agree and represent to the Bank that the particulars and information furnished by me in all documents and in this form are true and accurate, and at the time of this application, I am not an undischarged bankrupt and there has been no statutory demand served on me nor legal proceedings commenced against me.
3. I understand that incomplete and/or erroneous forms will not be processed and the status of the Cards stated herein will remain un-activated.
4. I consent and authorise the Bank to communicate with me with respect to this instruction by mail or by any other means the Bank may deem appropriate.
5. I agree that the Principal Cardmember is responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees or any other fees/charges) and each Supplementary Cardmember is responsible for his/her liabilities incurred in respect of his/her Card.
6. In order to effect my instruction, should the signature on this form differ from the record registered under my card account, I agree to allow the Bank to verify my signature against the signature of any other account that I may hold with the Bank and the Bank is entitled to reject the application without assigning reason or notice to me.
7. I unconditionally agree to be bound by the Terms and Conditions of the UOB Cardmember Agreement once the card(s) stated herein is/are successfully activated.

 Signature of Cardmember

 Date:

FOR BANK USE ONLY

Verified By _____	Processed By _____	Input By _____	Checked By _____
Signature & Name	Signature & Name	Signature & Name	Signature & Name

Fold along dotted line

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

BUSINESS REPLY SERVICE
PERMIT NO. 08567



UNITED OVERSEAS BANK LIMITED
UOB CARD CENTRE
ROBINSON ROAD P.O. BOX 1688
SINGAPORE 903338

