

MY DCS CREDIT LIMIT REVIEW APPLICATION FORM



YES! I wish to request for a review of my Credit Limit for my DCS Card(s):

For enquiries, please call: **6571 0128**

INCOME DOCUMENTS REQUIRED:

- For **SALARIED EMPLOYEE**: Latest 12 months CPF statement* **OR** Latest Income Tax Notice of Assessment **AND** latest computerised payslip
- For **VARIABLE INCOME/COMMISSION EARNER**: Latest 12 months CPF statement* **OR** Latest 2 years Income Tax Notice of Assessment
- For **SELF EMPLOYED**: Latest 2 years Income Tax Notice of Assessment
- For **FOREIGNERS**: Employment Pass with 12 months validity (Front & Back), Latest Income Tax Notice of Assessment **AND** Latest 3 months computerised payslip

* Submit Latest 12 months CPF Statement via <https://www.dcscc.com/cpf/en/submitCPF.asp> with your SingPass – Submitted on: ___ / ___ / ___ (DD/MM/YY)
 The maximum credit limit is calculated based on the CPF salary ceiling of S\$6,000 per month. If your monthly salary is more than S\$6,000 per month, kindly submit with latest Notice of Assessment or Salary Slip.
 **You can print out your latest Income Tax Notice of Assessment at myTax Portal via <https://mytax.iras.gov.sg> using your SingPass or IRAS PIN

BASIC CARDMEMBER PARTICULARS (Details provided will be updated in our records)

FULL NAME AS IN NRIC (Please underline SURNAME)			
IC / PASSPORT NO.		MOBILE PHONE (MANDATORY)	
DCS CARD ACCOUNT NO.		COMBINED DCS CARD(S) PREFERRED CREDIT LIMIT S\$.00 <small>Credit limit granted may be lower than indicated. If not indicated, we will determine the amount at our discretion.</small>	
NAME OF EMPLOYER	<input type="checkbox"/> I AM SELF-EMPLOYED		
GROSS ANNUAL INCOME S\$	POSITION HELD	DATE JOINED	

1ST SUPPLEMENTARY CARDMEMBER PARTICULARS

FULL NAME AS IN NRIC (Please underline SURNAME)			
IC / PASSPORT NO.		MOBILE PHONE (MANDATORY)	
DCS CARD ACCOUNT NO.		<<< <input type="checkbox"/> Please update my Supplementary Cardmember's Mobile Phone HERE	
		PREFERRED CREDIT LIMIT S\$.00 <small>(must be equal or lower to the Basic Cardholder's Preferred Credit Limit) Credit limit granted may be lower than indicated. If not indicated, we will determine the amount at our discretion.</small>	

2ND SUPPLEMENTARY CARDMEMBER PARTICULARS

FULL NAME AS IN NRIC (Please underline SURNAME)			
IC / PASSPORT NO.		MOBILE PHONE (MANDATORY)	
DCS CARD ACCOUNT NO.		<<< <input type="checkbox"/> Please update my Supplementary Cardmember's Mobile Phone HERE	
		PREFERRED CREDIT LIMIT S\$.00 <small>(must be equal or lower to the Basic Cardholder's Preferred Credit Limit) Credit limit granted may be lower than indicated. If not indicated, we will determine the amount at our discretion.</small>	

The Basic and the Supplementary Cardmember (if any) need to consent to the credit limit increase/review and must sign on this form, otherwise the revised credit limit will only be applicable to the Basic Cardmember. If the Basic Cardmember's combined credit limit is reduced, the Supplementary Cardmember's credit limit will be reduced accordingly.

DECLARATION

By signing below, I / we

- herby request DCS Card Centre Pte. Ltd. (DCS) to review the combined DCS card account(s) credit limit based on my latest income document as attached.
- herby warrant that the information given herein and all documents submitted are true and correct.
- herby authorise DCS to obtain and verify any information about me at DCS's discretion and further authorise DCS to conduct credit checks and verify information given in this application with any party without reference to me.
- herby consent that DCS may at any time without liability to me, disclose any information relating to me or any of my accounts which I may have with DCS, to any third party as DCS may deem fit at the DCS's absolute discretion (including without limitation the Consumer Credit Bureau, DCS's worldwide and its officers, agents, correspondents and independent contractors) whenever DCS considers it in its interest to make such disclosure within the applicable Regulatory guidelines.
- understand that notwithstanding that I have specified a preferred limit(s), DCS may in its own discretion assign a lower credit limit without giving any reasons. DCS reserves the right to reject any credit limit increase request without providing me with any reason and may reduce my credit limit in line with the applicable regulatory limit. I understand that if the credit limit for my DCS Card(s) is reduced and the current outstanding balance of my DCS Card(s) exceeds that of the revised credit limit, I must immediately pay DCS such excess in such manner as DCS may in its absolute discretion direct and DCS may communicate this direction by any means it deems fit.
- With the enactment of the Singapore Personal Data Protection Act 2012, we have made the necessary amendments to the terms and conditions relating to the provision of our services to you, including setting out the purposes for which we will collect, use and/or disclose your personal data, and these amended terms and conditions may be viewed at: www.dcscc.com.

<input checked="" type="checkbox"/> _____ Basic Cardmember SIGNATURE	___ / ___ / ___ Date (DD MM YY)	<input checked="" type="checkbox"/> _____ 1st Supplementary Cardmember SIGNATURE (if any)
		<input checked="" type="checkbox"/> _____ 2nd Supplementary Cardmember SIGNATURE (if any)

[Please attach 2nd sheet if there are more than 2 supplementary card holders.]

THANK YOU for requesting for a Credit Limit Review.

Please send us your application with this prepaid Business Reply Folder.

1. Fold along the dotted lines;
2. Put in your Application Form **together** with the required documents into this folder;
3. Glue or tape the edges of this folder;
4. Mail this folder at your nearest post box.

NO STAMPS REQUIRED



PRIVATE & CONFIDENTIAL

BUSINESS REPLY SERVICE
PERMIT NO. 00429



DCS CARD CENTRE PTE. LTD. 197300502W
ORCHARD P.O. BOX 15
SINGAPORE 912301
REPUBLIC OF SINGAPORE

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