

## FOR CREDIT / CHARGE CARDMEMBER :

### MY PERSONAL PARTICULARS ~ All Contact Details provided will be updated in our records.

DCW3D

FULL NAME AS IN IC/PASSPORT (Please underline <u>surname</u> )														
IC / PASSPORT NO.								E-MAIL						
MAILING ADDRESS (Should <u>not</u> be a P.O. Box address)														
SINGAPORE (                      )														
HOME TEL					OFFICE TEL					HANDPHONE				
DCS CARD ACCOUNT NO.														
				-								-		
EXPIRY DATE				-										

## BANK ACCOUNT TO TRANSFER FUNDS TO

### FOR CREDIT / CHARGE CARDMEMBER :

DCASH AMOUNT	SS														Minimum \$500	<i>Pls attach your current income document if you need to request for a revision of your credit limit.</i>
TENURE (please tick one):	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 4 Years											<i>If your tenure is NOT indicated here, we will process your application using a tenure of One (1) year.</i>	
NAME OF BANK												BRANCH (Optional)				
ACCOUNT HOLDER'S NAME (As in Bank Account)																
BANK ACCOUNT NUMBER (Must be a Singapore Account)																

## DECLARATION & AGREEMENT

- By signing below, I hereby request DCS Card Centre Pte. Ltd. ("DCS") to issue a DCASH Cash Advance ("DCASH") amount to me.
- I agree to accept and be bound by the DCS Card and DCASH Terms and Conditions.
- I agree that DCS has the absolute discretion to reject my application, or to approve an amount lesser than the amount that I applied for in this application at its sole discretion without assigning any reason thereof.
- I agree and authorize DCS to credit my bank account as stated in this application upon DCS' approval; this amount can only be deposited to my own personal bank account and not to other third party bank account.
- I warrant the truth and accuracy of all information provided by me in this application.
- I authorize DCS to obtain and verify any information about me as you deem fit in your absolute discretion.
- I confirm that at the time of this application, I am not an undischarged bankrupt and no Statutory Demand or any legal action process has been served on me.

\_\_\_\_\_  
SIGNATURE OF BASIC CARDMEMBER

\_\_\_\_\_  
DATE

Note: The eligible age criteria is between 21 to 65 years old.

With the enactment of the Singapore Personal Data Protection Act 2012, DCS 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 DCS will collect, use and/or disclose your personal data, and these amended terms and conditions may be viewed at : [www.dscsc.com](http://www.dscsc.com).

**Please Mail: DCS Card Centre Pte. Ltd., Orchard P.O. Box 15, S(912301), Fax: 6392 5065 OR Email: [dcash.group@dscsc.com](mailto:dcash.group@dscsc.com)**

Note: Please do not mail the application form if you have already Emailed/faxed-in to avoid duplicate application

## FOR DINERS CLUB USE ONLY

APP AMT								DATE				UPD		

**THANK YOU for applying for the DCS DCASH.**

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

1. Fold along the dotted lines;
2. Glue or tape the edges of this folder;
3. 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

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paid by  
addressee.  
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