

APPLICATION FORM

ALL FIELDS MUST BE COMPLETED FOR IMMEDIATE & PRIORITY PROCESSING. Apply by 31 Dec 2023

FOR S\$500 LIMIT CREDIT CARMEMBER :

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

FULL NAME AS IN IC/PASSPORT (Please underline <u>surname</u>)					
IC / PASSPORT NO.	E-MAIL				
MAILING ADDRESS (Should not 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 \$\$500 LIMIT CREDIT CARDMEMBER :							TENURE :				
DCASH AMOUNT S\$				•	0	0) Minimum S\$100; Maximum S\$300		☑ 1 Year		
NAME OF BANK								BRANCH (O	ptional)		
ACCOUNT HOLDER'S NAME	*										
BANK ACCOUNT NUMBER (Must be a Singapore Account)											

DECLARATION & AGREEMENT

- 1. By signing below, I hereby request DCS Card Centre Pte. Ltd. ("DCS") to issue a DCA\$H Cash Advance ("DCA\$H") amount to me.
- 2. I agree to accept and be bound by the DCS Card and DCA\$H Terms and Conditions.
- 3. 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.
- 4. 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 <u>not</u> to other third party bank account.
- 5. I warrant the truth and accuracy of all information provided by me in this application.
- 6. I authorize DCS to obtain and verify any information about me as you deem fit in your absolute discretion.
- 7. 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.

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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.dcscc.com.

Please Mail: DCS Card Centre Pte. Ltd., Orchard P.O. Box 15, S(912301), Fax: 6392 5065 OR Email: dcash.group@dcscc.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			

DCW5D

THANK YOU for applying for the DCS DCA\$H.

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

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

BUSINESS REPLY SERVICE PERMIT NO. 00429

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