

ACE CARD Annual Membership Fee Waiver Redemption Form



GRF No. (Official use only): _____

Thank you for participating in our Club Rewards Programme. To redeem for your Ace Credit Card Annual Membership Fee Waiver, please **PRINT** out this Redemption Form, complete and mail it back to: **DCS Card Centre Pte Ltd. 7500E Beach Road, The Plaza, #03-201, Singapore 199595**. For enquiries, please call our Customer Service at Tel: **6571 0128**.

I wish to select the following scheme:

ACE & \$500-LIMIT CREDIT CARD	<input type="checkbox"/> 3,000 pts
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Note

- Not applicable for Corporate and Affinity Cardmembers.
- Your redemption of Annual Fee Wavier will be effected after the billing period. Please ignore any fee(s) billed in the interim.
- This form is only applicable for the Diners Club Ace & \$500-Limit Credit Card. Please use a separate form for the Diners Club Credit or Charge Card.
- Subject to Terms & Conditons of the Club Rewards Programme.

Please deduct my Club Rewards Points from the following Card(s):

Diners Club Card Account Number														Points to be Deducted		

Name as appeared on your Diners Club Card: _____

NRIC / Passport No.: _____ Mobile No.: _____ Home/Office No.: _____
(Last 3 digits + alphabet)

Mailing Address: _____

Name of **Basic** Cardmember: _____ Signature & Date: _____

Please allow up to 10 working days for processing. Changes and cancellations will not be entertained. Subject to Terms and Conditions of the Club Rewards Programme.
 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.
 Please note that we will continue to use your data for the purposes for which the personal data was originally collected including for any marketing related activities.
 For queries and clarifications, kindly email The PDPA Officer at pdpa@dcscc.com.

FOR OFFICIAL USE ONLY

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Date Received: _____ Batch No.: _____ Gender: _____ Processed By: _____ Type: Charge Credit Ace
 Processed Date: _____ Collection Date: _____ Remarks _____ Type: Per Co Ind
 Current: _____ Outstanding: _____ / _____ CR A/C: _____
 Authorised Signatory: _____ Approved Rejected _____