CREDIT CARD/CASHLINE REVOLVING LOAN – SERVICES REQUEST FORM

星展銀行 DBS

To: **DBS Bank (Hong Kong) Limited**
Card Servicing
Please complete and mail to G.P.O. Box 639

Handled by: DBS _____ Branch[1]

Customer Name : _____ Identification No. : _____

Account No. (Please fill-in the related account no(s) and marked "✓" in the following appropriate box(es))

☐ Credit Card Number : _____ ☐ Cashline Revolving Loan Number : _____

Services Requested

1. Applicable to Credit Card Only

☐ Overlimit Option*

☐ I wish to opt in using the over-the-limit facilities, subject to the Bank's final approval. I understand the Bank will approve my or my supplementary cardholder's spending even if it exceeds my credit limit for all my credit cards held with the Bank. I understand that an overlimit charge (as set out in the Fee Schedule) will be incurred for each statement cycle when my outstanding balance exceeds my credit limit. That part of my outstanding balance which exceeds my credit limit shall be immediately due and payable by me on or before the payment due date shown on the monthly statement. I also understand that in case I am liable for any unauthorized transactions, my liability shall include the over-the-limit portion.

☐ I wish to opt out from having my credit limit exceeded. I understand my or my supplementary cardholder's spending will not be approved by the Bank if it exceeds my credit limit for all my credit cards held with the Bank. I understand that despite this request, my credit limit may still be exceeded as a result of the circumstances described in Clause 2.2 of DBS Personal Credit Card Terms and Conditions.

☐ Upgrade to VISA Signature Card (Please submit a copy of your latest income proof)

☐ DBS Eminent VISA Signature

☐ Others*: _____

* The Bank will communicate with you through eLetter in the DBS Card+ app after we have processed the request of "Overlimit Option" or "Others: credit card cancellation". If you are a DBS Card+ app user, you can view the eLetter under DBS Card+ app "eLetter" function. If you are not a DBS Card+ app user, the notification letter will be sent to you by post. If you do not agree to receive notifications via eLetter, you may send an email to creditcard.hk@dbs.com or call our Customer Service Hotline at 2290 8888 to instruct us otherwise.

2. Applicable to Credit Card / Cashline Revolving Loan

☐ Card Replacement

☐ Captured Card ☐ Damaged Magnetic Strip (Expiry Date: ____/____) ☐ Damaged Chip (Expiry Date: ____/____)

☐ Reissue Personal Identification Number (PIN)

☐ Reissue Telephone Identification Number (TIN)

☐ Cancel autopay for Credit Card/Cashline Revolving Loan Account Payment (Please use other payment methods. e.g. cash, cheque payment or PPS)

Note : If you want to cancel the Merchant Direct Debit Authorisation arrangement on your credit card account, e.g. mobile service fee, insurance fee, please inform the relevant merchant(s) about the cancellation directly.

Remarks : **Personal Information Collection Statement**

You agree that all information provided in this form or that arises from the relationship with the Bank (or other DBS Group companies) shall be subject to the applicable Data Policy and other communications to customer concerning customer data from time to time issued by the Bank. A copy of such policies or other communications is available on request at any branch of the Bank or from the Bank's website (www.dbs.com.hk).

Acknowledgement of Use of Your Personal Data in Direct Marketing

You understand that the Bank intends to use your personal data in direct marketing and cannot do so without your consent. You have previously selected whether or not to receive direct marketing contact or information and you confirm that there is no change to your existing choice and all information provided in this form shall be used in accordance with such choice. You understand that if you wish to change your existing choice, you may do so at any time and without charge by completing an opt-out form and returning it to the Bank.

Please confirm that your instructions have been clearly, accurately and completely set out in this form before signing it.

For Bank Use Only		
Branch		Card Svg
S.V./I.D.V. By Name & Sig. No.	App. By Name & Sig. No.	S.V. By
Card Returned on:	Card Shredded On:	
☐ Yes ☐ No	Inital:	Inital:

_____

Customer Signature[2]

Date

[1] To be filled in by DBS staff.

[2] This signature must agree with the specimen signature deposited with the Bank.