

# CREDIT CARD/CASHLINE REVOLVING LOAN – CUSTOMER INFORMATION CHANGE FORM

To: DBS Bank (Hong Kong) Limited 星展銀行(香港)有限公司  
Card Servicing (Fax No. 2572 6922)

Handled by: DBS \_\_\_\_\_ Branch<sup>1</sup>

Customer Name : \_\_\_\_\_ Identification No. : \_\_\_\_\_

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

☐ Card Number : \_\_\_\_\_ ☐ Cashline Revolving Loan Number : \_\_\_\_\_

## Services Requested

### 1. Applicable to Credit Card Only

- ☐ Upgrade to Gold Card / Platinum Card (Please submit a copy of your latest income proof)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> DBS VISA Platinum                  | <input type="checkbox"/> DBS Platinum MasterCard                      | <input type="checkbox"/> DBS VISA Gold              |
| <input type="checkbox"/> Manulife Platinum MasterCard       | <input type="checkbox"/> Manulife Platinum MasterCard (with MediPlus) | <input type="checkbox"/> Manulife VISA Gold         |
| <input type="checkbox"/> Manulife VISA Gold (with MediPlus) | <input type="checkbox"/> Cable Power VISA Gold                        | <input type="checkbox"/> Pay Less VISA Gold         |
| <input type="checkbox"/> COMPASS VISA Platinum              | <input type="checkbox"/> 3Everyday COMPASS Platinum                   | <input type="checkbox"/> DBS Eminent VISA Signature |
- ☐ Overlimit Option
- ☐ I agree that the Bank may approve any transaction that would result in credit limit to be exceeded. I understand that an overlimit charge (as set out in the Fee Schedule) is payable for each statement cycle where the credit limit has been exceeded.
- ☐ I do not wish the Bank to approve any transaction that would result in credit limit to be exceeded. I understand that despite this request, the credit limit may still exceed as a result of circumstances described in Clause 2.2 of the relevant credit card terms and conditions.

### 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.
- ☐ Change Personal Particulars (If you want to change the records of other accounts maintained with the Bank, please complete Notice of Change of Customer's Personal Data)

Correspondence Address (Neither any address outside of HK nor mailbox should be used as customer's correspondence address) :

\_\_\_\_\_

\_\_\_\_\_

Residence Tel.: \_\_\_\_\_ Office Tel.: \_\_\_\_\_ Mobile Phone/Pager No.<sup>2</sup>: \_\_\_\_\_

☐ Others: \_\_\_\_\_

#### 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](http://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.

Customer Signature<sup>3</sup>

Date

For Bank Use Only		
Branch		Card Svg
S.V./I.D.V. By	App. By	S.V. By
Name & Sig. No.	Name & Sig. No.	
Card Returned on:	Card Shredded On:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial:	Initial:

<sup>1</sup> To be filled in by DBS staff.

<sup>2</sup> Please note that the Bank will send the one-time password to you via the above mobile phone number for you to conduct online credit card transactions which require identity authentication.

<sup>3</sup> This signature must agree with the specimen signature deposited with the Bank.