Diners Club INTERNATIONAL

UNIVERSE BEAUTY INSTITUTE

AFFINITY Credit Card application form

YES! I wish to apply for the Diners Club Affinity International Credit Card

Valid until 31 Dec 2010

Entrance Fee: $80, Annual Fee: $30 for Basic Card, $15 for Supplementary Card

PLEASE ATTACH YOUR RECENT PAYSLIP AND TAX ASSESSMENT TO YOUR APPLICATION
(MINIMUM INCOME OF $30,000 PER ANNUM REQUIRED)

CUBI

AF74

AFFINITY ORGANISATION	UNIVERSE BEAUTY INSTITUTE (UBI)
APPLICANT'S MEMBERSHIP NO.	

MY PERSONAL PARTICULARS

FULL NAME AS IN IC/PASSPORT (PLEASE UNDERLINE SURNAME)			
DATE OF BIRTH	AGE	IC/PASSPORT NO.	NATIONALITY
MARITAL STATUS	GENDER	NO. OF DEPENDANTS	ACADEMIC QUALIFICATIONS
LOCAL HOME ADDRESS SINGAPORE ( )			
HOME TEL	H/P / PAGER	YEARS THERE	❑OWN ❑MORTGAGED ❑RENTED ❑PARENTS'/RELATIVES'
PERMANENT HOME ADDRESS			
E-MAIL ADDRESS			

MY WORK

NAME OF EMPLOYER	
ADDRESS SINGAPORE ( )	
TEL EXT.	DATE JOINED
POSITION / DEPARTMENT	GROSS ANNUAL INCOME (MIN. S$30,000) S$

MY FAMILY

SPOUSE'S FULL NAME AS IN IC/PASSPORT (PLEASE UNDERLINE SURNAME)		
DATE OF BIRTH	IC/PASSPORT NO.	TEL

MY CREDIT REFERENCE

I HOLD THE FOLLOWING CREDIT/CHARGE CARDS:

1. A/C NO.

2. A/C NO.

❑ I HAVE NEVER HELD A DINERS CLUB CARD BEFORE

❑ I HAVE HELD A DINERS CLUB CARD BEFORE - A/C NO.:_____

PLEASE SEND MY BILLING STATEMENT TO:

❑ MY HOME ❑ MY OFFICE ❑ OR _____

PLEASE EMBOSS MY NAME ON MY CARD AS FOLLOWS:
(MAXIMUM 23 SPACES, TO INCLUDE INITIALS OF FULL NAME AS WELL).

Please call 65710128 / 63369969 for more information

Please sent your completed Application Form
using the Business Reply Folder on the next page > > >

SUPPLEMENTARY CARD

YES! I WOULD LIKE A SUPPLEMENTARY CARD FOR
MY SPOUSE OR OTHER FAMILY MEMBERS ABOVE **18** YEARS OF AGE

FULL NAME AS IN IC/PASSPORT (PLEASE UNDERLINE SURNAME)			RELATIONSHIP
ADDRESS (IF DIFFERENT FROM BASIC CARD APPLICANT)			
TEL	DATE OF BIRTH	GENDER	IC/PASSPORT NO.
NATIONALITY	NAME OF EMPLOYER		
POSITION HELD	TEL		GROSS ANNUAL INCOME S$

PLEASE EMBOSS MY SUPPLEMENTARY CARDHOLDER'S NAME AS FOLLOWS:
(MAXIMUM 23 SPACES, TO INCLUDE INITIALS OF FULL NAME AS WELL).

OPTIONAL CreditShield – Outstanding Balance Credit Protection

Your outstanding balance on your Diners Club bills will be settled upon premature death or total & permanent disability from all causes. Any excess will be paid to your estate/ beneficiary.

❑ **YES!** I WISH TO ENROL IN CREDITLIFE. Please SIGN here to apply: ⊗ _____

I declare that I am under 60 years of age and that I have not been hospitalised in the last 12 months and suffer from no physical defects, injuries or impairments, and that I am in good health. I agree to be bound by the terms and conditions of the policy to be issued. ($6 per month for coverage of $10,000 for aged 54 and below).

Pursuant to section 25(5) of the Insurance Act (Cap 142), you are to disclose, fully and faithfully, all the facts as you know them or ought to know them. Failure to do so may render the policy issued void.

DECLARATION

By signing below, *I/We

1. hereby request Diners Club (Singapore) Pte. Ltd. (DCS) to open a Personal Card Account (Card Account) for me/us and to issue DCS Credit Card(s) (the Card) (including renewal Card(s)) until the Card Account is terminated. For joint card application, we agree that the Card Account shall be opened in the name of the first signatory (termed Basic Card Applicant for administrative purpose) and the second/ other signatory shall be the Supplementary Card applicant.
2. hereby authorise DCS and/or its representatives to contact my/our bankers or any other source to obtain and verify any information about me/us as DCS deems fit in DCS's absolute discretion and consent to DCS's disclosure of information relating to me/us and my/our use of the Card(s) at DCS's discretion to any of DCS's franchisees worldwide or to any third party as DCS deems fit, including but not limited to any credit bureau of which DCS is a member or subscriber and/ or to any other members, subscriber and/or compliance committee of such credit bureau and to any other person to whom disclosure is permitted or required by any statutory provision or law.
3. (a) am/are aware that if DCS approve the application made herein, the Card(s) will be issued by DCS subject to DCS's terms and conditions indicated herein and to its other terms and conditions for issuance of credit cards;
   (b) am/are aware that the terms and conditions of issuance of credit cards can be inspected at DCS's office and a copy will be despatched to me/us with the Card(s) and I/we agree to be bound by them upon receipt or acceptance of or signing on or use of the Card(s) unless the Card(s), cut into half, is/are returned to DCS.
4. agree that the Card(s) may be sent to me/us at my/our risk by ordinary mail to my/our billing address.
5. consent to DCS using at its absolute discretion my/our information provided herein for marketing purposes with their selected business partners.
6. agree that the Basic Card Applicant is and shall be responsible for all charges/liabilities (including Annual Fees or any other fees/charges) which may arise out or be incurred in respect of the Basic Card and all Supplementary Card(s) issued at the Basic Card Applicant's request (if any) and each Supplementary Card Applicant is and shall be responsible for all charges/liabilities (including Annual Fees or any other fees/charges) which may arise out or be incurred in respect of the Supplementary Card.
7. confirm that at the time of this application, I am/we are not under the Debt Repayment Scheme or undischarged bankrupt and no statutory Demand nor any legal action process has been served on me/us.
8. authorise DCS, if this application is or is purported to be given or sent by me/us to DCS by facsimile transmission, to rely on and process this application in accordance with the faxed copy of the form, though DCS is not obliged to do so, without waiting for the original signed form. I/We will submit to DCS the original signed form even though the Card(s) had been issued in accordance with the faxed copy if DCS requests for the original form.
9. hereby warrant that the information given herein and all documents (if any) submitted are true and correct.
10. agree that DCS may decline this application at its sole discretion without assigning any reason.
11. I understand that should my membership with affinity organisation cease, I must return the Card to Diners Club (Singapore) Pte Ltd.

PLEASE SIGN AS YOU WOULD FOR ALL FUTURE TRANSACTIONS : -

Signature of Basic Card Applicant & Date	**Signature of Supplementary Card Applicant** (if any) **& Date**
⊗	⊗

** Please delete where appropriate*

FOR DINERS CLUB USE ONLY

CR	CH	TC	APP
ST	DATE		DATE

DINERS CLUB RESERVES THE RIGHT TO CREDIT CHECK AN APPLICANT WITHOUT REFERENCE, AND TO REJECT AN APPLICATION WITHOUT ASSIGNING ANY REASONS THEREFOR.

THANK YOU for applying for the Diners Club Card.

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

1. Fold along the dotted lines;
2. Put in your Application Form **together** with the required documents into this folder;
3. Glue or tape the edges of this folder;
4. Mail this folder at your nearest post box.

NO STAMPS REQUIRED

Diners Club International

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

BUSINESS REPLY SERVICE
PERMIT NO. 00429

DINERS CLUB (SINGAPORE) PTE. LTD.
ORCHARD P.O. BOX 15
SINGAPORE 912301
REPUBLIC OF SINGAPORE