

DINERS CLUB / SELFFIX COBRAND CARD APPLICATION FORM

Apply by 31 Dec 2010

WSF6

YES! I wish to apply for a (please tick **ONE** only):

(a) **Cobrand Credit Card** (Min. income of \$30,000 p.a. required); or

(b) **Cobrand S\$500 Limit Card** (Min. income of \$16,000 p.a.; except for students & NSF's)



MY PERSONAL DETAILS

FULL NAME AS IN NRIC (Please underline SURNAME)												
[Grid for name entry]												
DATE OF BIRTH	IC / PASSPORT NO.						GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		No. of Dependents			
NATIONALITY	MARITAL STATUS	RACE		ACADEMIC QUALIFICATIONS								
LOCAL HOME ADDRESS												
SINGAPORE ()												
Min. One No. for Credit Card Applicant; Compulsory Mobile No. for S\$500 Limit Card Applicant				RESIDENCE <input type="checkbox"/> Own <input type="checkbox"/> Rented		<input type="checkbox"/> Mortgaged <input type="checkbox"/> Parent's / Relatives		Years of Stay				
HOME PHONE		MOBILE PHONE										
E-MAIL (Compulsory for Students)												

* PLEASE EMBOSS MY NAME AS FOLLOWS (MAX. 23 SPACES & INCLUDE INITIALS OF FULL NAME):

[Grid for embossed name]

** The proposed embossed name may be altered to comply with Diners Club's card embossing specifications.*

PLEASE SEND MY BILLING STATEMENT TO:

MY HOME MY OFFICE OR _____

NAME OF CLOSEST RELATIVE / FRIEND NOT LIVING WITH ME _____ TEL _____

My Supplementary Card - For Regular Credit Card Application Only For my Spouse or Other Family Member ABOVE 18 YEARS OF AGE

FULL NAME AS IN IC/PASSPORT (Please underline SURNAME)				RELATIONSHIP			
ADDRESS (If different from Basic Card applicant)							
SINGAPORE ()							
TEL	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		IC/PASSPORT NO.			
NATIONALITY	NAME OF EMPLOYER						
POSITION HELD	OFFICE TEL			GROSS ANNUAL INCOME \$S			
* PLEASE EMBOSS MY NAME AS FOLLOWS (MAX. 23 SPACES & INCLUDE INITIALS OF FULL NAME):							
[Grid for embossed name]							

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Declaration - Please read before signing

By signing below, I/we

- herby request Diners Club (Singapore) Pte. Ltd. (DCS) to open a Cobrand Card Account (Card Account) for me/us and to issue Diners Club/Selffix Cobrand 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.
- herby 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.
- (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.
- am aware and agree that if the Card application is made under above stated box (b), the Card will have a credit limit of S\$500 only and known as Cobrand S\$500 Limit Card for administrative purpose and cannot have a supplementary card annexed to it.
- agree that the Card(s) may be sent to me/us at my/our risk by ordinary mail to my/our billing address.
- consent to DCS and/or Selffix using at their absolute discretion my/our information provided herein for marketing purposes with their selected business partners.
- 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.
- 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.
- 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 Credit Card(s) had been issued in accordance with the faxed copy if DCS requests for the original form.
- herby warrant that the information given herein and all documents (if any) submitted are true and correct.
- agree that DCS may decline this application at its sole discretion without assigning any reason.
- FOR APPLICANTS OF COBRAND S\$500 LIMIT CARD BELOW 21 YEARS OLD** at the time of application, I agree that upon reaching 21 years of age, if the Card Account opened for me is not cancelled, my continued maintenance of my Card Account and/or continued use of the Card shall be construed and interpreted as my firm ratification of this application under the terms indicated herein and subject to DCS's terms and conditions of issuance of the Card without any requirement on my part to re-apply for the Card Account and/or the Card and/or to do any whatsoever act to re-accept the terms and conditions of this Agreement.

PLEASE SIGN AS YOU WOULD FOR ALL FUTURE TRANSACTIONS :-

Signature of *Basic Card / S\$500 Limit Card Applicant & Date _____
Signature of Supplementary Card Applicant & Date (Not applicable for S\$500 Limit Card Applicant) _____



** Please delete where appropriate*

Parent's/Guardian's Agreement

COMPULSORY if applicant under above stated box (b) is below 21 years old

- The addresses on both applicant's & parent's / guardian's NRIC must match

NAME OF PARENT / GUARDIAN		RELATIONSHIP
NRIC NO.	HOME PHONE	HANDPHONE

By signing below, I, the Applicant's parent / guardian, hereby

- consent and agree to Diners Club (Singapore) Pte. Ltd. (DCS) opening the Cobrand Card Account (Card Account) and issuing a Diners Club/Selffix Cobrand Credit Card (the Card) to the Applicant thereunder until the Card Account is terminated subject to the terms of application herein and to DCS's Credit Card terms and conditions;
- give DCS my unconditional, irrevocable and continued guarantee for the due and punctual payment and/or performance by the Applicant of all sums and/or other liabilities or obligations due and owing by and from the Applicant to DCS arising from and/or in relation to the Card Account in consideration of DCS opening the Card Account for and issuing the Card to the Applicant;
- unconditionally and irrevocably undertake and agree and guarantee to pay DCS and/or perform all such sums and/or other liabilities and obligations and/or indemnify DCS against all losses arising from and in relation to the Card Account if for any whatsoever reasons the Applicant fails to pay any/all sums or perform any/all the liabilities and obligations arising from and/or in relation to the Card Account.

Signature of Parent's / Guardian's & Date: _____

NOTE: Diners Club reserves the right to credit check an applicant without reference, and to reject an application without assigning any reasons therefor. Your signatures in this form and on your Diners Club Card should be identical. You will be bound by the terms and conditions in this form even if your signatures differ.

* PLEASE EMBOSS MY NAME AS FOLLOWS (MAX. 23 SPACES & INCLUDE INITIALS OF FULL NAME):

[Grid for embossed name]

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PLEASE SEND MY BILLING STATEMENT TO:

MY HOME MY OFFICE OR _____

NAME OF CLOSEST RELATIVE / FRIEND NOT LIVING WITH ME _____ TEL _____

My Spouse (Married applicant to complete)

SPOUSE'S FULL NAME AS IN IC/PASSPORT (Please underline SURNAME)		HANDPHONE (Compulsory)	
DATE OF BIRTH	IC / PASSPORT NO.	GROSS ANNUAL INCOME \$S	
NAME OF EMPLOYER		POSITION HELD	

My Education (Student applicant to complete)

EDUCATIONAL INSTITUTE						LENGTH OF COURSE
<input type="checkbox"/> NUS	<input type="checkbox"/> NTU	<input type="checkbox"/> SMU	<input type="checkbox"/> SIM	<input type="checkbox"/> INSEAD	<input type="checkbox"/> NAFA	<input type="checkbox"/> Lasalle-SIA
<input type="checkbox"/> Singapore Polytechnic						CURRENTLY STUDYING IN _____ YEAR
<input type="checkbox"/> Ngee Ann Polytechnic						
<input type="checkbox"/> Temasek Polytechnic						
<input type="checkbox"/> Nanyang Polytechnic						
<input type="checkbox"/> Republic Polytechnic						
<input type="checkbox"/> Others: _____						

My Employment (Non-Student applicant to complete)

NAME OF COMPANY			<input type="checkbox"/> I AM SELF-EMPLOYED
COMPANY ADDRESS			
SINGAPORE ()			
OFFICE TEL	POSITION HELD	DATE JOINED	GROSS ANNUAL INCOME \$S

My Financial Particulars (Credit Card applicant to complete)

I HOLD THE FOLLOWING CREDIT/CHARGE CARDS:

1.	A/C NO.
2.	A/C NO.

MY BANK _____ BRANCH _____

TYPE OF A/C _____ A/C NO. _____

I HAVE NEVER HELD A DINERS CLUB CARD BEFORE

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

FOR FOREIGNERS: OVERSEAS HOME ADDRESS _____

IMPORTANT: Document Submission

For COBRAND REGULAR CREDIT CARD applicant, please attach:

- Photocopy of Front & Back of NRIC / Passport
- Latest Income Tax Assessment, IR8A, Computerized Payslip or Letter from Employer
- For Foreigners:** Please attach a copy of Employment Pass (min. 6-month validity)

For COBRAND S\$500 LIMIT CREDIT CARD applicant, please attach:

- Photocopy of Front & Back of NRIC
- Latest Income Tax Assessment, IR8A, Computerized Payslip or Letter from Employer
- For Students:** Front & Back of Student ID Card e.g. Student or Matriculation Card
- For applicant age below 21:** Front & Back of Applicant's NRIC AND Parent's / Guardian's NRIC. (The addresses on both applicant's & parent's / guardian's NRIC must match)

FOR DINERS CLUB USE ONLY

CR	CH	TC	APP
ST	DATE		DATE

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

Ideal HomeCare

Campaign Code: SG08-0893-01

Protecting Everything You Own

How do you guarantee the safety of your home and possessions? And how do you replace them should they ever get stolen or damaged? You may not be able to do so, but you can reduce the impact of their loss or damage / injury due to theft or accident with **Ideal HomeCare**. All for **just S\$12.80/month** (less if you pay your premiums annually).

Ideal HomeCare is a home insurance plan specially designed for Diners Club/SELFFIX Card members. Ideal HomeCare covers you for:

Ideal HomeCare Coverage	Ideal HomeCare Basic	Ideal HomeCare Supreme
1. Household contents	S\$30,000	S\$50,000
2. Alternative accommodation	S\$8,000	S\$15,000
3. Loss/ damage of household contents temporarily removed by professional movers	S\$5,000	S\$7,000
4. Replacement of locks and keys due to theft	S\$250	
5. Accidental death or theft of pedigree pet*	S\$500	
6. Loss due to theft within securely locked vehicle: - Mobile phone - Personal digital assistant (PDA) - Laptop	S\$600 (limit to S\$200 per claim)	
7. Public liability (in connection with ownership / occupation of Situation)	S\$250,000	
8. Accidental Death - Main insured (18 to 65 years old) - Spouse (18 to 65 years old) - Dependents (1 to 21 years old)	S\$15,000 S\$15,000 S\$5,000	S\$25,000 S\$25,000 S\$7,500
9. (Optional) Loss / damage of Home Renovation, fixtures and fittings	S\$75,000	S\$150,000

- Disclaimer:
- Sum insured for Benefits no. 2, 3, 4, 5 and 6 are limits per policy year – to be reduced by amount claimed.
 - Household content refers to carpets and curtains; computer systems; photographic equipment and accessories; clothing and personal effects; furniture and household goods; fine art; painting; antiques and other works of art with sub-limits; valuables with sub-limits; and sporting and fishing equipment with sub-limits.
 - When submitting a claim in the event of theft of a pedigree pet, a police report and documentary proofs of pedigree and ownership are required.
 - When submitting a claim in the event of accidental death of a pedigree pet, a vet bill / verification and documentary proofs of pedigree and ownership are required.
 - For loss due to theft within a securely-locked vehicle, applies to theft with visible evidence of forcible, violent entry only – police report is required to substantiate the claim.
 - Fixtures and fittings refer to any installation or addition, for improvement, decoration or betterment, annexed to and comprising part of the building installed by policyholder that are not otherwise insured by the Management Corporation or another insurance policy.

As a Diners Club/SELFFIX Cardmember, you will stand to enjoy the following price plans (Please tick on the plan and frequency of payment):

Payment Options	Ideal HomeCare Basic	Ideal HomeCare Supreme
1. Monthly (without Optional Benefit)	<input type="checkbox"/> S\$12.80	<input type="checkbox"/> S\$17.50
2. Monthly (with Optional Benefit)	<input type="checkbox"/> S\$14.80	<input type="checkbox"/> S\$20.50
3. Yearly (without Optional Benefit) - after 10% discount	<input type="checkbox"/> S\$138.24	<input type="checkbox"/> S\$189.00
4. Yearly (with Optional Benefit) - after 10% discount	<input type="checkbox"/> S\$159.84	<input type="checkbox"/> S\$221.00

Price inclusive of 7% GST

Live life to the fullest knowing that you are well covered by Ideal HomeCare. For more information, call ACE Customer Service Hotline at **6299 0988** (Mon to Fri, 9am to 5pm).

Sign up now to enjoy 30days' Free Coverage for 1st year!

OPTIONAL: IDEAL HOMECARE APPLICATION	Property Description
<input type="checkbox"/> YES! I wish to sign up for Ideal HomeCare (Please Tick) Please SIGN here to apply <input checked="" type="checkbox"/> _____ Name: _____ NRIC: _____	Type of Dwelling (Please Tick) _____ When was your premise built? Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HDB <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Terrace House <input type="checkbox"/> Semi-D <input type="checkbox"/> Bungalow <input type="checkbox"/> Others, pls specify: _____ Property Address (If different from Local Home Address) _____ Postal Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the above address occupied by you as <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Others, Pls specify: _____

Questionnaire

- a) During the last 3 years, have you suffered or incurred any loss under a similar insurance? Yes No
- b) During the last 3 years, have you been declined or special conditions imposed by an insurer? Yes No
- If yes, please specify: _____

IMPORTANT NOTE TO THE APPLICANT: Statement pursuant to Section 25(5) of the Insurance Act (CAP 142) or any subsequent amendments thereof: you are to disclose in this enrolment form, fully and faithfully, all the facts you know or ought to know, otherwise the policy issued hereunder may be void. No insurance shall be in force until this application has been accepted by and premium is paid in accordance to the Payment Before Cover Warranty (whichever applicable) to the Company.

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



BUSINESS REPLY SERVICE
PERMIT NO. 00429



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

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