



Diners Club® DCASH APPLICATION FORM

ALL FIELDS MUST BE COMPLETED FOR IMMEDIATE & PRIORITY PROCESSING.
Apply by 31 Dec 2018

FOR S\$500 LIMIT CREDIT CARMEMBER :

MY PERSONAL PARTICULARS ~ All Contact Details provided will be updated in our records.

DCW5D

FULL NAME AS IN IC/PASSPORT (Please underline <u>surname</u>)											
IC / PASSPORT NO.						E-MAIL					
MAILING ADDRESS (Should <u>not</u> be a P.O. Box address)											
SINGAPORE ()											
HOME TEL				OFFICE TEL				HANDPHONE			
DINERS CLUB CARD ACCOUNT NO.											
				-						-	
EXPIRY DATE				-							

BANK ACCOUNT TO TRANSFER FUNDS TO

FOR S\$500 LIMIT CREDIT CARMEMBER :

DCASH AMOUNT S\$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>							Minimum S\$100; Maximum S\$300		TENURE :		
									<input checked="" type="checkbox"/> 1 Year		
NAME OF BANK								BRANCH (Optional)			
ACCOUNT HOLDER'S NAME (As in Bank Account)											
BANK ACCOUNT NUMBER (Must be a Singapore Account)											

DECLARATION & AGREEMENT

<ol style="list-style-type: none"> 1. By signing below, I hereby request Diners Club (Singapore) Pte Ltd to issue a DCASH Cash Advance ("DCASH") amount to me. 2. I agree to accept and be bound by the Diners Club Card and DCASH Terms and Conditions. 3. I agree that Diners Club has the absolute discretion to reject my application, or to approve an amount lesser than the amount that I applied for in this application at its sole discretion without assigning any reason thereof. 4. I agree and authorize Diners Club to credit my bank account as stated in this application upon Diners Club's approval; this amount can only be deposited to my own personal bank account and <u>not</u> to other third party bank account. 5. I warrant the truth and accuracy of all information provided by me in this application. 6. I authorize Diners Club to obtain and verify any information about me as you deem fit in your absolute discretion. 7. I confirm that at the time of this application, I am not an undischarged bankrupt and no Statutory Demand or any legal action process has been served on me. 	
<input checked="" type="checkbox"/>	
SIGNATURE OF BASIC CARMEMBER	DATE

Note: The eligible age criteria is between 21 to 65 years old.
 With the enactment of the Singapore Personal Data Protection Act 2012, Diners Club 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 Diners Club will collect, use and/or disclose your personal data, and these amended terms and conditions may be viewed at : www.dinersclub.com.sg.

Please Mail: Diners Club (S) Pte Ltd, Orchard P.O. Box 15, S(912301), Fax: 6392 5065 OR Email: dcash.group@dinersclub.com.sg
 Note: Please do not mail the application form if you have already Emailed/faxed-in to avoid duplicate application

FOR DINERS CLUB USE ONLY

APP AMT										DATE					UPD				

THANK YOU for applying for the Diners Club DCASH.

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

1. Fold along the dotted lines;
2. Glue or tape the edges of this folder;
3. Mail this folder at your nearest post box.

NO STAMPS REQUIRED



PRIVATE & CONFIDENTIAL

BUSINESS REPLY SERVICE
PERMIT NO. 00429



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

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paid by
addressee.
For posting in
Singapore and
Malaysia only.