

YES! I wish to apply for a DCS ULTIMATE Supplementary Card: (Pls TICK)

DCS Ultimate Platinum Mastercard DCS Ultimate Platinum UnionPay Card

Principal Cardmember's Particulars

Principal Cardmember's Particulars form fields: FULL NAME AS IN NRIC, PRINCIPAL CARD NUMBER, BILLING ADDRESS, HANDPHONE, E-MAIL, POSTAL CODE

Preset Monthly Spending Limit For Supplementary Card

Preset Monthly Spending Limit For Supplementary Card form fields: First Supplementary Card, Second Supplementary Card

First Supplementary Card Applicant

First Supplementary Card Applicant form fields: FULL NAME AS IN IC/PASSPORT, NAME TO APPEAR ON SUPPLEMENTARY CARD, DATE OF BIRTH, IC / PASSPORT NO., NATIONALITY, GENDER, MARITAL STATUS, RESIDENTIAL ADDRESS, HANDPHONE, E-MAIL, POSTAL CODE, RELATIONSHIP TO BASIC CARD APPLICANT, COMPANY NAME, JOB DESIGNATION, POSITION

Second Supplementary Card Applicant

Second Supplementary Card Applicant form fields: FULL NAME AS IN IC/PASSPORT, NAME TO APPEAR ON SUPPLEMENTARY CARD, DATE OF BIRTH, IC / PASSPORT NO., NATIONALITY, GENDER, MARITAL STATUS, RESIDENTIAL ADDRESS, HANDPHONE, E-MAIL, POSTAL CODE, RELATIONSHIP TO BASIC CARD APPLICANT, COMPANY NAME, JOB DESIGNATION, POSITION, ARE YOU A U.S. TAX RESIDENT?

Declaration

Declaration text: By signing below, I/we hereby request DCS Card Centre Pte. Ltd. (DCS) to open a Supplementary Card Account (Card Account) for us and to issue DCS Credit Card(s) (the Card) (including renewal Card(s)) until the Card Account is terminated.

[ Please note that if you do not tick this box, you nevertheless consent to DCS sending such updates by way of voice calls if the telephone number you provided is not registered on the Do-Not-Call registry, or sending you updates by way of text or fax messages by relying on the Singapore Personal Data Protection Act 2012. If you wish to withdraw your consent to be contacted by DCS on the above updates, you may do so at www.dcscc.com. ]

- PLEASE SIGN AS YOU WOULD FOR ALL FUTURE TRANSACTIONS : -

SIGNATURE of Principal Card Card Applicant & DATE SIGNATURE of First Supplementary Card Applicant & DATE SIGNATURE of Second Supplementary Card Applicant & DATE

NOTE: DCS 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 DCS Card should be identical. You will be bound by the terms and conditions in this form even if your signatures differ.

FOR OFFICIAL USE ONLY form fields: APP, DATE

Reply Folder on the next page >

# THANK YOU for applying for the DCS 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

Fold here

## IMPORTANT: Document Submission

- Please attach photocopies of:

Supplementary Card Application	
Singaporeans / Permanent Residents	Foreigners
<ul style="list-style-type: none"><li>• NRIC (Front &amp; Back)</li></ul>	<ul style="list-style-type: none"><li>• Passport</li><li>• Valid Dependant's/Employment/Visit or S Pass (both sides)</li></ul>

Fold here



**PRIVATE & CONFIDENTIAL**

BUSINESS REPLY SERVICE  
PERMIT NO. 00429



**DCS CARD CENTRE PTE. LTD.** 197300502W  
ORCHARD P.O. BOX 15  
SINGAPORE 912301  
REPUBLIC OF SINGAPORE

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addressee.  
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