

**CREDIT CARD INSTRUCTION FORM**

Name \_\_\_\_\_ NRIC/Passport No \_\_\_\_\_

Principal Card No. \_\_\_\_\_ Contact No \_\_\_\_\_

Supplementary Card No. \_\_\_\_\_

I would like to apply for the following instruction(s):

**Change in Card Account Details**

Billing Address  Home Address  Office Address

New Address: \_\_\_\_\_

New Employer's Name : \_\_\_\_\_

New Employer's Address: \_\_\_\_\_

New Telephone No: \_\_\_\_\_ (HP) \_\_\_\_\_ (H) \_\_\_\_\_ (O)

New email address: \_\_\_\_\_

New ID No.(with supporting document) \_\_\_\_\_

**Email/SMS Alert Update**

Please set Minimum transaction Email/SMS Alert threshold in USD \_\_\_\_\_

For transactions with Principal Card  For transactions with Supplementary Card

**Reset Expiry Date Error Count (Expiry date was entered incorrectly for multiple times)**

**Re-activate Overseas Online Banking Transaction Service**

**Card Activation**

**Reset PIN No.**

**Overseas Magnetic Stripe Transaction**  Activate  Deactivate

**Overseas ATM Cash Withdrawal**  Activate  Deactivate

**Replacement of Card due to**

Lost  Non-receipt  Expired (Please submit related documents like Passport or Employment Pass)

Damaged  Others (Please Specify) \_\_\_\_\_

**Monthly Auto- Payment**

SGD pay to SGD A/C, RMB A/C both

SGD pay to SGD A/C, USD A/C both

RMB pay to RMB A/C , SGD pay to SGD A/C , USD pay to USD A/C

SGD A/C Name \_\_\_\_\_ SGD A/C No \_\_\_\_\_

RMB A/C Name \_\_\_\_\_ RMB A/C No \_\_\_\_\_

USD A/C Name \_\_\_\_\_ USD A/C No \_\_\_\_\_

Type of Repayment Amount  Repay Optimal Amount (preferred)  Repay Minimum Amount  Full Payment

Part of Repayment Symbol  Yes (Preferred)  No

**Appeal for waiver of Charges**

Interest  Late payment charge  Others (Please Specify) \_\_\_\_\_

Briefly indicate the Reason and Amount: \_\_\_\_\_

**Update Credit Card Account Type**

Secured Credit Card to Unsecured Credit Card  Unsecured Credit Card to Secured Credit Card  Change of Pledged Deposit Amount

Others (Please Specify): \_\_\_\_\_  Preferred Credit Limit (if applicable): \_\_\_\_\_

**Card Cancellation (Note : The account will be cancelled within 30 days at cardholder's request)**

Please transfer the credit balance in the credit card account to an **ICBC Current** Account. A/C No. \_\_\_\_\_

Please issue a cheque for the credit balance in the account after the credit card has been cancelled.

I will collect the credit balance in the account over the counter. Please contact me using the contact number above.

I voluntarily give up my right to the credit balance in the account and irrevocably release the credit balance in the account to you.

You are irrevocably authorised to deal with the credit balance in the account any manner you deem fit.

Cardholder's Signature: \_\_\_\_\_

**Change of Signature**

New Signature \_\_\_\_\_ Effective Date \_\_\_\_\_

**Others (Please specify)**

\_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Bank Use Only**

Verified By:

Checked By:

Authorised By:

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paid by addressee.  
For posting in  
Singapore only

**BUSINESS REPLY SERVICE  
PERMIT NO. 08765**



**INDUSTRIAL AND COMMERCIAL BANK OF CHINA LIMITED  
SINGAPORE BRANCH**

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