

CREDIT CARD INSTRUCTION FORM

Name _____ NRIC/Passport No. _____
 Credit 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) _____
 Apply for Internet Banking (Upon successful application for Internet Banking, you will be automatically enrolled for eStatements.)

Email/SMS Alert Update
 Please set Minimum transaction Email/SMS Alert threshold as USD _____
 For transactions with Principal Card For transactions with Supplementary Card

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

Re-activate Oversea 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:

BUSINESS REPLY SERVICE
PERMIT NO. 08765



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

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