

REPLACEMENT OF CREDIT/DEBIT CARD AND PIN

- Please complete all fields in PART 1 3 and ensure that any amendments made are countersigned.
- Please return the form to UOB Cards & Payment Products, Robinson Road P.O. Box 1688 Singapore 903338; or fax it to 6253 0293.

PART 1: YOUR PARTICULARS				
Name (as in NRIC/Passport/FIN*)				
NRIC/Passport No./FIN*)				
Mailing Address [*] (if differs from Bank's record)				
PART 2: REPLACEMENT OF CREDIT/DEBIT CARD AND PIN				
Request (Please tick one)				
☐ Card Only ☐ PIN Only ☐ Card and PIN				
Reason for replacement (Please tick one)				
☐ Damaged Card	☐ Early Renewal ☐ Signature Error			
☐ Encoding/Embossing Error ☐ Others				
☐ Change of Embossed Name				
(within 19 spaces) Particulars of Card/PIN to be replaced				
Principal Card No.			$\mathbf{I} + \mathbf{I} + \mathbf{I}$	
Supplementary Card No.			<u> </u>	
Supplementary Card No.			1 1	
I consent to United Overseas Bank Group("UOB") collecting, using and disclosing my personal data for the purpose of informing me about its card products and card-related services, via voice calls or text messages or email. This is in addition to any other consent which I may have provided to UOB in respect of the collection, use and/or disclosure of my personal data and shall be without prejudice to and does not derogate from UOB's rights to collect, use and/or disclose my personal data under the law.				
Signature of Applicant				
Signature of Applicant Date				
FOR BANK'S USE ONLY Remarks/Instructions (if any)				
Attended By Branch/Call Centre	Signatu	ire Verified By Branch	Immediate Issuance Appr	oved By
Signature & Name Date	Signature		0	ate
Processed By/Date	Approved E	PERATIONS CENTRE'S By/Date	S USE ONLY Signature Verified By/Date (if a	applicable)
Input By/Date	Checked By	y/Date	Redirection Verified By/Date (if	f applicable)

^{*} Please delete where inapplicable.
^ Card and Pin will be sent to mailing address unless otherwise stated.