

ANZ Credit Card Service Request Application Form



CUSTOMER PERSONAL DETAILS

Name (as in NRIC/Passport): NRIC/Passport No.:

Please indicate your 16-digit card number for processing.

Principal Card 1	Principal Card 2	Supplementary Card
<input type="text"/>	<input type="text"/>	<input type="text"/>

Request For Replacement	Principal Card 1	Principal Card 2	Supplementary Card
Credit Card only* Reason for replacement: (Please tick one only) <input type="checkbox"/> Lost/stolen <input type="checkbox"/> Error in Signature <input type="checkbox"/> Non-receipt <input type="checkbox"/> Damaged/faulty <input type="checkbox"/> Retained at ATM <input type="checkbox"/> Change of Embossed Name on Principal card: <input type="text"/> (Maximum 18 characters) <input type="checkbox"/> Change of Embossed Name on Supplementary card: <input type="text"/> (Maximum 18 characters) <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request for PIN Credit Card ATM PIN (applicable to Principal and/or Supplementary Cardmember) Credit Card Phone Banking TPIN (applicable to Principal Cardmember only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

Request For Changes	Principal Card 1	Principal Card 2	Supplementary Card
<input type="checkbox"/> Change of Billing Cycle: From <input type="text"/> of the month to <input type="text"/> of the month			
Change of GIRO Payment Arrangement: (Please tick one only) <input type="checkbox"/> Change from minimum payment to full payment <input type="checkbox"/> Change from full payment to minimum payment	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
<input type="checkbox"/> Reduce card limit to S\$ _____ <small>(The requested credit limit cannot be less than the outstanding which includes any outstanding instalment plans and will be rounded off to the nearest hundred or thousand)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

SMS Transaction Alerts
Change of threshold amount* for SMS transaction alerts* (Applies to all my credit cards) <input type="checkbox"/> Please send me an SMS transaction alert whenever a purchase equivalent or more than the amount of S\$ _____ (rounded off to the nearest hundred or thousand) is charged to any of my principal or supplementary cards.
Reactivation of SMS transaction alerts* (Applies to all my credit cards) <input type="checkbox"/> Please reactivate the SMS transaction alert for all my credit cards (including supplementary cards, if any). I would like to receive an alert whenever a purchase equivalent or more than the amount of S\$ _____ (rounded off to the nearest hundred or thousand) is charged to any of my principal or supplementary cards.
Opt-out of SMS transaction alert* <input type="checkbox"/> Please disable the SMS transaction alert for all my credit cards (including supplementary cards, if any).

Termination	Principal Card 1	Principal Card 2	Supplementary Card
Termination of Credit Card ATM PIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination of Credit Card Phone Banking TPIN	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
Termination of IRAS Payment	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
Termination of GIRO Payment Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
Termination of Credit Card Account <small>(Please cut the card and send back to the Bank)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redemption of FlexiLoan/FlexiPlan** with immediate effect but maintain credit card account <small>(Early redemption charges** apply, where applicable)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

Other Requests
<input type="checkbox"/> Request for credit card statement: Month/Year: <input type="text"/> Month <input type="text"/> Year

Notes: Credit Card ATM PIN and Phone Banking TPIN will be mailed, via post, to the specified credit card's mailing address as per the Bank's records. Any related charges will be debited from the credit card account.

*First card replacement fee is waived. Subsequent card replacement fee is charged at S\$10 per card.

*Threshold amount must be in dollars. No cents allowed. Default threshold amount by the Bank is S\$500 and maximum is S\$9,999.

*Transaction SMS will only be sent to the Principal cardmember's mobile number as per the Bank's records.

**Delete where applicable.

**Details of the fee and all prevailing terms and conditions governing the use of the above services are available at anz.com.sg

DECLARATION AND AGREEMENT

- I understand that incomplete and/or erroneous forms will not be processed.
- The Bank is entitled to reject any application herein without assigning any reason or giving any notice to me.

Signature of Principal Cardmember

Date

BANK USE ONLY

eCommerce	Input By	Verified By	Handled at: <input type="checkbox"/> Marine Parade Branch <input type="checkbox"/> Orchard Branch <input type="checkbox"/> Raffles Branch <input type="checkbox"/> Thomson Branch <input type="checkbox"/> Others: _____
PIN			
TPIN			
PIN Term			
TPIN Term			
Cards Ops	Input By	Verified By	

Postage will be
paid by addressee.
For posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT No. 06580



Australia and New Zealand Banking Group Limited
Robinson Road Post Office P.O. Box 820
Singapore 901620

Attention: Card Operations

