



**CREDIT CARD REQUEST FORM**

<b>Name:</b>	<b>ID / Passport No. :</b>
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**Existing Credit Card No. :**

**PART A: CARD REPLACEMENT / TERMINATION / TEMPORARY or PERMENENT CREDIT LIMIT INCREASE**

<b>Replace Card due to:</b> Note: US\$15 Ccredit Card replacement Fee is applicable.	<input type="checkbox"/> Damaged / Faulty <input type="checkbox"/> Change of name embossed on the Card (Max 19 characters) : <table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Card with the same number will be issued.																			
	<input type="checkbox"/> Lost (Call report lost @ 023 885500 immediately) <input type="checkbox"/> Non-receipt <input type="checkbox"/> Captured in ATM Card with different number will be issued.																			
<input type="checkbox"/> <b>Terminate Card. Do not replace Card.</b> (Card will be immidiate terminated upon receipt of this form. CUBC points / rebates, if applicable, will be forfeited upon termination of the card and return to bank the card cut in half.)																				

<input type="checkbox"/> <b>Increase Credit Limit</b> <input type="checkbox"/> <b>Temporary</b> <input type="checkbox"/> <b>Permanent</b> USD _____	Start Date (dd/mm/yy) : _____ / _____ / _____ End Date (dd/mm/yy) : _____ / _____ / _____
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Note: The temporary/permanent credit limit increase amount can be used by both Principal and Supplementary Cardholders upon approval of request. Only principal cardholders are prioritized to request for temporary/permanent credit limit. Principal Cardholders will be liable for all outstanding balance on supplementary cards.	<b>Reason for temporary/permanent credit increase:</b> <input type="checkbox"/> travel <input type="checkbox"/> Business Trip <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Others Provide details: _____
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**Please reissue me a PIN for my Credit Card** (a handling fee of USD5 will be charged for second time onward)

**Other :**

**PART B: DECLARATION (Important: Please read before signing)**

1. I confirm that the information given in this application is complete, true and accurate.If any of the information given herein changes or become inaccurate in any way, I shall immediately inform CUBC of such change or inaccuracy.
2. I acknowledge that CUBC has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.
3. I understand and acknowledge that this application will be processed within 5 working days upon CUBC's receipt of the complete form.
4. I further confirm that I have read and understood and hereby agree to be bound by Cathay United Bank (Cambodia) MasterCard and Visa Smart Credit Card Cardmember Agreement. I have obtained a hard copy from CUBC branch and website.  
I hereby consent to the collection, use, disclosure and processing of my personal data in accordance with the terms & conditions governing the products and/or services applied for herein and Cathay United Bank (Cambodia) MasterCard and Visa Smart Credit Card Cardmember Agreement, as may be amended by the Bank from time to time.
5. I am aware of Cambodia's firm stance against illegal and illicit activities. I confirm that my application for this facility/product is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities.

For full details, please refer to the Cathay United Bank (Cambodia) MasterCard and Visa Smart Credit Card Cardmember agreement.

Customer's Use Only	For CUBC Bank's Use Only	
	Action by Branch	
	Attended by CRO : (Name, Signature, Date)	Authorised by SV : (Name, Signature, Date)
Signature of Cardholder		Authorised by:  Keyed in by:  Report Checked by:
Date: ____ / ____ / ____	____ / ____ / ____	____ / ____ / ____