



Credit Card Cardholder Request Form

Name:		ID/Passport:	
Credit Account Number:		CIF:	
Credit Card Number:		Phone Number:	
PART A: Update Customer Information/ CARD Replacement/ Reissue PIN/ Terminate Card/ Redemption/Update Credit Limit/ Other			
<input type="checkbox"/> * Update Phone Number From: To: <i>3D Secure OTP & Transaction SMS alert is applicable</i>			
<input type="checkbox"/> * Update Statement Delivery Method/ Via Email:			
<input type="checkbox"/> * Update Direct Debit <input type="checkbox"/> Add Direct Debit <input type="checkbox"/> Cancel Direct Debit <i>Please provide account number here: XXXXXXXXXXXXXXXX</i>			
<input type="checkbox"/> * Card Replacement ==> Note For Pick Up Location Here: XXXXXXXXXXXX <i>(Note: USD\$15 Credit Card replacement Fee is applicable)</i>			
<input type="checkbox"/> * Reissue PIN ==> Note For Pick Up Location Here: XXXXXXXXXXXX <i>(Note: USD\$5 Reissue PIN Fee is applicable)</i>			
<input type="checkbox"/> * Terminate Card (Card will be destroyed and cannot be replaced) <i>Credit Card points, Rebates, and other applicable services will be forfeited upon this request form. The returned card must be cut in half.</i>			
<input type="checkbox"/> Reward Redemption Program:			
<input type="checkbox"/> * Update Credit Limit		USD: XXX,XXX.00	
<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Start Date : (DD/MM/YYYY) End Date : (DD/MM/YYYY)	
Note: The temporary/permanent credit limit increase amount can be used by both Principal and Supplementary Cardholders upon approval of request. Principal Cardholders will be liable for all outstanding balance on supplementary cards.		Reason for temporary/permanent credit limit increase:	
		<input type="checkbox"/> Travel <input type="checkbox"/> Business Trip <input type="checkbox"/> Hospitalisation <input type="checkbox"/> Others Provide details: _____	
* Request Reason Must Be Provided			
Other:			
DECLARATION PART (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 becomes inaccurate in any way, I shall immediately inform Cathay United Bank (Cambodia) Plc. (hereinafter referred as "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 whatever.			
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) Plc. 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) Plc. 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 Credit Card 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) Plc. MasterCard and Visa Smart Credit Card Cardmember agreement.			
Customer's Use Only		For CUBC Bank's Use Only	
		Attended By: (Department/Branch)	
Signature of Cardholder Date: DD/MM/YYYY		Cards Department	
		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
		Authoriser:	
		Inputter:	
		Checker:	
		Name/Date: DD/MM/YYYY Name/Date: DD/MM/YYYY	