Please glue, seal and mail (Please do not staple.)

# **American Express Line Of Credit Reply Form**

Important: Line of Credit is only available to all Singapore Citizens or Permanent Residents (excluding U.S. persons/citizens), aged 21 years and above, with a minimum annual income of \$\$40,000 (\$\$60,000 for self-employed). In accordance with applicable regulations, American Express Bank Ltd. (the "Bank") may extend a credit line of up to twice the applicant's monthly income.

		About Myself		
☐ Mr ☐ Mrs	☐ Miss	□Dr		
Full name as it ap	pears in your NRIC	C/Passport		
NRIC Number				
		front and back of yo	our NRIC.)	
Name to appear of (19 characters)	on ATM Card			шш
Nationality		Date of Birth	DD / MI	M / YY
Marital Status [ Education [ Home Address	☐ Post graduate		Divorced Williams Of	dowed thers
		Postal (	Code	
Years There		Home Tel		
Mobile		E-mail Address_		
(Fill in your email	address to be upo	dated on the latest pr	roduct and service	offers.)
☐ Own Property Send My Stateme	ent to:	☐ Rented ☐ Home	☐ Parents'/F ☐ Office	telatives'
		About My Job		
Company Name _				
Address				
	Postal Code			
Office Tel.		Years T	here	
Annual Income S\$		Position		
Self-employed	☐Yes	□No		
1 /				
Industry				
Industry  ☐ Education	☐ Construction		☐ Financial Servi	
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 □ LOC7401WEB00AP 4.88%p.a. for 3 months for upfront drawdown of >= \$5,000
 □ LOC7402WEB00AP 6.88%p.a. for 3 months for upfront drawdown of < \$5,000</li>

Exclusively for American Express Line of Credit customers, you can enjoy \$\$100,000 financial protection with Personal Accident Insurance Plan for just 32 cents a day.

### **Enrolment Form**

Personal Accident Insurance Underwritten by ACE Insurance Limited ('ACE')

For a nominal premium, you get up to S\$100,000 protection in the event of Accidental Death or Permanent Total Disability. The Personal Accident Insurance will settle your American Express Line of Credit outstanding with payment to American Express Bank and the balance from S\$100,000 will be paid to you. (Please read the Terms and Conditions stated in the policy documentation.)

#### To: ACE Insurance Limited

LOC7400WEB00AP

☐ Yes! I wish to enrol in the Personal Accident Insurance Plan at a premium of just \$\$9.60 per month (inclusive of GST).

I understand and accept that, under the terms of the Personal Accident Insurance Plan, the balance of \$\$100,000 after settling any outstanding loan amount to American Express Bank Ltd., will be paid to me.

I understand that my enrolment is subject to your approval.

## To: American Express Bank Ltd.

Please debit my Line of Credit Account with the amount of the premium based on the above rates upon approval of my Insurance application by ACE Insurance Limited. I hereby expressly consent to the disclosure by the Bank to ACE through its officers, agents, representatives and/or servants of information relating to me with or through the Bank, including but not limited to the outstanding loan amount.

Please note: • Only American Express Line of Credit Primary Account Holders are eligible, and the offer is limited to one Personal Accident Insurance plan per Account Holder at any one time. • Eligible age: 21 to 65 years old. • No coverage will be provided if you are on duty as a diver, cabin crew, pilot, off-shore worker, logger, dock worker, law enforcement officer, fire service personnel, civil defence personnel or military personnel, be it full-time, part-time or voluntary, other than for the purpose of reservist training for Singapore Service Men. • Terms and Conditions are stated in the policy documents. Please read the policy documents and keep them in a safe place. • Duty of Disclosure: Pursuant to Section 25(5) of the Insurance Act, you are to declare fully and faithfully all the facts that you know or ought to know in respect of the risk that is being proposed, otherwise the Policy issued hereunder may be void.

American Express Bank Ltd. identifies insurance providers and products that may be of interest to some of its customers. In this role we do not act as an agent or fiduciary for you, and we may act on behalf of the insurance provider, as permitted by law. We want you to be aware that we receive commissions from providers and commissions may vary by provider and product. Also, in some cases, an American Express entity may be the reinsurer and may earn reinsurance income. The arrangements we have with certain providers, including the potential to reinsure products, may also influence what products we identify. We do not require you to purchase any insurance product, and you may choose to cover your insurance needs from other sources on terms they may make available to you.

Signature Date

(Required for enrolment on Personal Accident Insurance)

Please glue, seal and mail (Please do not staple.)

To help us process your application, please submit the following documents:

Self-employed:Latest Income Tax Notice of Assessment • Photocopies of the front and back of your NRIC

Employee: Latest computerised payslip OR Latest IR8A OR Latest Income Tax Notice of Assessment OR Letter from employer • Photocopies of the front and back of your NRIC

#### **Terms and Conditions**

Applicable law requires certain financial institutions to obtain, verify and record information that identifies each person who opens an account. When you apply for an account, we will ask for your name, address, date of birth, and other information that will allow us to verify your identity.

- I confirm the information provided to be true and accurate.
- . If any of my personal circumstances change, I undertake to notify the Bank immediately.

and that the credit facility may be operated singly on the signature of any applicant.

- I agree to be bound by the Terms and Conditions which will be sent to me together with my cheque book.
   Where this application is made by more than one person, each applicant acknowledges that he/she will be jointly and severally liable with the other applicants in respect of all liabilities incurred on the account
- Lunderstand that all documents submitted are not returnable.
- I hereby apply for an American Express Bank Line of Credit account to be opened in my name and for a PhoneBanking Personal Identification Number (PIN) to be issued to me to operate the same.
- I hereby apply for an American Express ATM Card in my name and I agree to be bound by the Terms and Conditions which will be sent to me together with my ATM Card.
- I authorize the transfer and disclosure by the Bank through its officers, agents, representatives and/or servants of any information relating to me with or through the Bank to the Bank's head office, or from, to and/or between the branches, subsidiaries, representative offices, affiliates, related corporations in any jurisdiction and agents or representatives of the Bank and third parties selected by any of them, wherever situated, and to and between any other relevant authorities and agencies pertaining thereto, as may be required by any applicable law, court or regulator, including without limitation, any central bank or other fiscal or monetary or regulatory authority in any jurisdiction, where the Bank is so required or requested, or to any consumer credit bureau or reference agency, for confidential use (including, without limitation, for use in connection with the provision of any products and services to me, for data processing, statistical, risk analysis purposes, credit decisioning, marketing and administrative purposes). I understand that information provided to a consumer credit bureau or reference agency will be available to other organizations for their credit decisioning (which expression includes assessing whether to grant, continue or revise the terms of credit facilities to me or any person for whom I am a surety. I agree that my signing this application form shall constitute my written permission for any such transfer or disclosure for the purposes of Section 47 and the Third Schedule of the Banking Act (Chapter 19) or any other disclosure imposed by law.
- I agree and acknowledge that the approval of this application is in the Bank's sole discretion and that the Bank may decline this application without giving any reasons.
- I authorize the Bank to verify the information in this application and to receive and exchange information
  about me, including requesting reports from consumer credit bureau or reference agencies, lalso understand
  that consumer credit bureau or reference agencies, in providing information to other organizations, may
  disclose the fact that the "Bank" requested report(s) about me from such bureau or agency. I hereby
  expressly consent to have my personal particulars updated with the information provided herewith or
  from information provided by any consumer credit bureau or reference agency which will supersede all
  previous information.

# Please Sign Here

Signature of Applicant
(Required for application of American Express Line of Credit)

Date

All information stated above is correct at time of printing, April 2007

American Express Bank Ltd., 16 Collyer Quay, Singapore 049318.



<sup>&</sup>lt;sup>1</sup> The amount to be transferred shall not exceed the available credit limit on your Line of Credit account. The amount will be transferred within 3 working days from account opening. If no amount is indicated, full credit limit will be transferred. We cannot accept transfers from credit card and overdraft accounts in foreig currencies, from American Express cards, except cards issued by independent American Express network partners.