

**IMPORTANT:**

- Please complete all fields and mail the original form to **CIMB Bank Credit Card Centre – Card Operations, Robinson Road P.O. Box 0088 Singapore 900138.**
- Any amendment(s) in the form must be countersigned. Forms containing change(s) made with correction fluid will be rejected.
- Please ensure that there are sufficient funds in the designated account on the payment due date for Auto Debit arrangement, and 2 business days (excluding Saturday, Sunday and Public Holiday) prior to the payment due date for InterBank Giro arrangement. We assume no responsibility for all losses, charges, claims or penalties arising from an insufficient balance being maintained in the designated account at the time of deduction.
- Please allow 3-4 weeks for the processing of your application. When approved, it will be reflected in your Credit Card Statement that payment will be made via Auto Debit/InterBank Giro. In the meantime, please promptly settle your outstanding bills in full to avoid incurring interest and late payment charges.
- For further assistance, please call our **24-Hour Customer Service Hotline at (65) 6438 1118.**

**To: CIMB Bank Berhad**
**FOR APPLICANT'S COMPLETION**
☐ **Auto Debit** (CIMB Current/Savings Account) ☐ **InterBank Giro** (Other Bank's Current/Savings Account)

**Date:**
☐ **INDIVIDUAL APPLICATION** ☐ **JOINT APPLICATION (ALTERNATE)** ☐ **JOINT APPLICATION (AND)**
**Name of Financial Institution:**
**Branch:**
**Account No. to be debited:**
**Name as in Bank Account (Underline Surname):**
☐ **DR** ☐ **MR** ☐ **MRS** ☐ **MS** ☐ **MDM**
**Home No.:**
**Mobile No.:**
**Office No.:**
**Fax No.:**
**Name of Joint Account Holder:**
☐ **DR** ☐ **MR** ☐ **MRS** ☐ **MS** ☐ **MDM**
**Home No.:**
**Mobile No.:**
**Office No.:**
**Fax No.:**
**I/We hereby instruct you to make payment of the amount indicated from my account via Auto Debit/Interbank GIRO in respect of the following cards#.**
☐ **Full Amount** ☐ **Minimum Amount**
**(If left unticked, the full payment option will be automatically chosen)**
**CIMB BANK BERHAD – CREDIT CARD DETAILS**
**Credit Card Account Number(s)**
**Name of Cardmember(s)**
**NRIC/Passport No.**

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**#IMPORTANT**

- By the Principal or Supplementary Cardmember's provision of his/her relevant Credit Card account number, the Principal or Supplementary Cardmember is deemed to have authorised CIMB Bank's debit of the abovementioned Current/Savings Account in accordance with the above payment instruction, to satisfy the indebtedness incurred on both the Principal and any Supplementary Card(s) in respect thereof.
- You are entitled to reject the Billing Organization's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and imposes charges accordingly.
- This payment instruction and/or authorisation will remain in force until terminated by written notice sent in accordance with the manner set out in the applicable terms and conditions governing the named account.

**My/Our Signature(s)/Thumbprint(s)\***
**(As in Financial Institution's records)****Signature/Thumbprint of Applicant & Date**
**Name:**
**NRIC/Passport No.:**
**FOR CIMB BANK'S COMPLETION**
**BANK** **BRANCH** **BILLING ORGANISATION'S ACCOUNT NO.**  

7 9 8 6

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**BANK** **BRANCH** **ACCOUNT NO. TO BE DEBITED**  
**BILLING ORGANISATION'S CUSTOMER'S REFERENCE NO.**  
**CREDIT CARD ACCOUNT NO.**  
**FOR BILLING ORGANISATION'S COMPLETION**
**To: CIMB Bank Berhad**  
**Card Operations, Robinson Road P.O. Box 0088, Singapore 900138**
**This application is hereby rejected (please tick) for the following reason(s):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Signature/Thumbprint^ differs from Financial Institution's records | <input type="checkbox"/> Account operated by Signature/Thumbprint^ | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature/Thumbprint^ incomplete/unclear^                          | <input type="checkbox"/> Wrong account number                      | <input type="checkbox"/> Others: _____                            |

**NAME OF APPROVING OFFICER:**
**AUTHORISED SIGNATURE:**
**DATE:**
\* For thumbprint, please approach the branch with your Identity Card/Passport to have your thumbprint taken/witnessed.
^ Please delete where inapplicable
**Thank you for banking with CIMB Bank.**



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

**BUSINESS REPLY SERVICE**  
**PERMIT NO. 08456**



**CIMB BANK BERHAD**  
Attn: Credit Card Centre  
(Card Operations)  
Robinson Road P. O. Box 0088  
Singapore 900138

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