



Viewers Choice Fuel Card

Discount Over 17.0% petrol / diesel savings

No Join Fee

No Monthly Fee

VC Travel Savings

FREE Home to Airport Transfer

FREE Gift for each applicant

Retail Buys @ Wholesale PriceTM
www.viewerschoice.com.sg

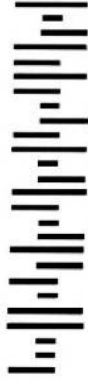
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Retail Buys @ Wholesale PriceTM

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**BUSINESS REPLY SERVICE
PERMIT NO. 06343**



Viewers Choice Pte Ltd

Ghim Moh Post Office
P O Box 371
Singapore 912743

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

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Additional Member Benefits

- Eligible for Monthly Lucky Draw at www.viewerschoice.com.sg
- Eligible for VC's Insurance Subsidy e.g.. 10% off maid Insurance
- Eligible for YHI Tyre Discounts
- Eligible for FREE Home to Airport Transfer when booking with VC Travel
- Eligible for FREE UOB-VC Gold VISA
- Eligible for \$7.50 subsidy for each 12.7kg LPG cylinder ordered
- Eligible for Universal Studios Singapore subsidy



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Viewers Choice Pte Ltd
P.O. Box 371 Ghim Moh Post Office
Singapore 912743
Email: weekh@viewerschoice.com.sg
Company Registration: 199509214N

To: **Viewers Choice Pte Ltd.**
Attn: Wee Kim Hin

VC Fuel Card Application

I am applying to join your VC Fuel Card Programme.

- ☒ I agree to use the corporate discount made available by the programme.
☒ I shall be liable for all expenses incurred in the programme.
☒ My initial monthly spending limit is \$500 and I shall ensure that there are funds available for monthly GIRO payment from my bank or sufficient credit through my UOB-VC credit card.
☒ In the event of GIRO or credit card deduction failure for insufficient funds, there will be a \$10 penalty added to my monthly bill.
☒ I shall be liable for all expenses incurred in the programme. I undertake to return my VC Fuel Card and pay any outstanding bills should I leave the service of my employer (as stated below) since my benefit will lapse. Should I fail to return the VC Fuel Card, I hereby authorize Viewers Choice to cancel it.
☒ I undertake to keep the vendors and discounts strictly confidential.

Application Ref (VC Use)		Card Ref (VC Use)	
Staff Name (as in NRIC)		NRIC	
Employer		Designation	
Gender	Marital Status	Date of Birth	
Office Tel	Home Tel	Mobile	
Vehicle No	Make & Model	Road Tax Expiry	
Office Address		Staff Home Address	
Postal Code ()		Postal Code ()	
Staff Email			
Signature/Date:			
Attach: Copy of Staff Pass or Name Card			
Introduced by: (NRIC / VC Fuelcard Number)			
Remarks:			
Minimum age requirement 21 years.			



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To: **Viewers Choice Pte Ltd.**
Attn: Wee Kim Hin

Application Form for Interbank GIRO

Part 1: For Applicant's Completion

Date	Name of Billing Organization (BO) VIEWERS CHOICE PTE LTD
Name of Bank	Customer's Name
Branch	NRIC & Car Number

- a) *I/We hereby instruct you to process the BO's instructions to debit *my/our account.
b) You are entitled to reject the BO's debit instructions 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 impose charges accordingly.
c) This authorization will remain in force until terminated by your written notice sent to *my/our address last known to you or upon receipt of *my/our written revocation through the BO.

*My / Our Name(s)	*My / Our Contact Telephone Number(s)
*My / Our Account Number	*My / Our Signature(s) as in Bank's records

Part 2: For Viewers Choice's Completion.

Bank	Branch	BO's Account No
7 1 7 1 0 0 8 0 0 8 0 1 3 6 0 2 5		
Bank	Branch	Acct No to be debited

Customer Ref No

Part 3: For Bank's completion

To: Billing Organization

This application is hereby ☐ Accepted ☐ Rejected

If rejected it is for the following reason(s) :

- | | |
|--|---|
| <input type="checkbox"/> Signature different from Bank's record | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature *incomplete / unclear | <input type="checkbox"/> Amendments not countersigned |
| <input type="checkbox"/> Account operated by *signature / thumbprint | <input type="checkbox"/> Others : _____ |

_____ Name of Bank's Approving Officer	_____ Authorized Signature	_____ Date
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*Delete where not applicable