

ReadyCA\$H application form

ALL FIELDS MUST BE COMPLETED FOR IMMEDIATE & PRIORITY PROCESSING.

Apply by 31 Dec 2023

My Perso	nal Pa	rticulars	~ All Co	ntact Det	ails provi	ded will b	oe update	d in our i	ecords.								RCW2
FULL NAME A	AS IN IC/P	ASSPORT ((Please un	derline <u>su</u>	rname)												
IC / PASSPORT NO. E-MAIL																	
ADDRESS (SI	hould not	be a P.O. B	ox address	5)													
				,													
														SINO	GAPORE ()
HOME TEL				OFFICE TEL					HANDPHONE								
DCS CARD A	CCOUNT	10.															
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EXPIRY DATE	.				Ι		1										
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Bank Acc	count to	Transf	er Fund	s to													
READYCASH			Ci i dila	3 10												_	
(Minimum S					S\$									0	0		
rounded to r					•					<u> </u>							
Pls attach	-	rent incon	ne docum	ent if yo	u need to	request	for a revis	sion of yo	ur credit	limit.	DD/	NCH					
NAME OF BA	IIV										DRA	INCH					
ACCOUNT HO	OLDER'S N	AME (As in	Bank Acc	ount)													
BANK ACCOL	UNT NUME	BER (Must b	oe a Singar	ore Accou	unt)	1	1	1								1	
Declarati	on & A	graama	nt														
1. I acknow				PondyCae	h chall h	o cubioot	to the DC	e Card C	ontro ("F)^CS"\ a	nd D	oadvC	`ach	Torme	and Con	ditions	
																	for in this
2. I agree that DCS has the absolute discretion to reject my application, or to approve an amount lesser than the amount that I applied for in this application at its sole discretion without assigning any reason thereof.																	
3. I agree and authorize DCS to credit my bank account as stated in this application upon DCS' approval; this amount can only be deposited to my																	
own personal bank account and <u>not</u> to other third party bank account. 4. I warrant the truth and accuracy of all information provided by me in this application.																	
5. I authorize DCS to obtain and verify any information about me as you deem fit in your absolute discretion.																	
6. I confirm		the time	of this ap	plication	, I am not	an undis	scharged	bankrupt	and no	Statute	ory D	eman	d or	any leg	gal actio	n process	s has been
served o	ni iiie.																
\otimes																	
SIGNATURE OF BASIC CARDMEMBER								DATE									
Note: The e	ligible ag	ge criteria	is between	en 21 to	65 years	old.											
With the en	nactment		.				,					•					

and these amended terms and conditions may be viewed at: www.dcscc.com.

Please Mail: DCS Card Centre Pte. Ltd., Orchard P.O. Box 15, S(912301), Fax: 6392 5065 OR Email: readycash.group@dcscc.com Note: Please do not mail the application form if you have already faxed-in/Emailed to avoid duplicate application

FOR OFFICIAL USE ONLY											
APP AMT	DATE	UPD									

THANK YOU for applying for the DCS ReadyCA\$H.

Please send us your application with this prepaid Business Reply Folder.

- 1. Fold along the dotted lines;
- 2. Glue or tape the edges of this folder;
- 3. Mail this folder at your nearest post box.

NO STAMPS REQUIRED



PRIVATE & CONFIDENTIAL

BUSINESS REPLY SERVICE PERMIT NO. 00429



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