Debt Consolidation Plan Application Form

UOB

MANDATORY DOCUMENTS

1. Copy of NRIC (front and back); and
2. Latest Credit Bureau Report; and
3. Latest Income Documents (please submit any of the documents below as applicable to you); and

   (a) Salaried Employee
   (i) Latest 3 months' Computerised Payslip; or
   (ii) Latest 12 months' CPF Contribution History Statement

   (b) Commission-based Earner
   (i) Latest Income Tax Notice of Assessment; or
   (ii) Commission Statement from the company for the last 3 months

   (c) Self-employed
   (i) Latest Income Tax Notice of Assessment

4. Proof of Balances
   (a) Statements evidencing billed balances;
   (b) Charge slips or online statements evidencing unbilled balances;
   (c) Confirmation letter evidencing new balance transfers / loans; and/or
   (d) Any other relevant documents evidencing account information or balances.

MY PREFERRED REPAYMENT PERIOD (please tick one only)

❒ 12 ❒ 24 ❒ 36 ❒ 48 ❒ 60 ❒ 72 ❒ 84 ❒ 96 months

You will be contacted by our UOB Loan Associates to advise you on the eligible rates based on your application.

TELL US ABOUT YOURSELF

Name as in NRIC/Passport* (underline surname) ❒ Mr ❒ Ms ❒ Dr Gender ❒ Male ❒ Female

Name to appear on Card, including surname (within 19 spaces)

NRIC/Passport/PR* No. (For Singaporeans, please provide NRIC no. only) Singapore PR ❒ Yes ❒ No

Nationality | Country of Residence | Country of Birth: | Date of Birth (DDMMYYYY)

Marital Status ❒ Single ❒ Married ❒ Others: _____ No. of Dependents

Highest Educational Qualification ❒ Primary ❒ Secondary ❒ 'N' Level ❒ 'O' Level ❒ 'A' Level ❒ Diploma ❒ Degree ❒ Others (please specify) _____

Home Telephone | Office Telephone | Mobile Tel.No.# (Mandatory for card activation and One-Time-Password- SMS-OTP)

Bill To ❒ Home ❒ Office

Home address (Do provide us with billing proof if home address differs from address in NRIC. Please do not provide P.O. Box address.)

House/Block Unit # -

Street/Building Name _____

Postal Code S

Residential Status: ❒ Owned ❒ Mortgaged ❒ Parent's ❒ Rented

Residential Type: ❒ HDB-3Rm/4Rm ❒ HDB-5Rm/Executive Apartment ❒ Executive Condo/HUDC ❒ Private Apartment/Condominium ❒ Terrace ❒ Semi-Detached ❒ Bungalow

Period Of Residence: Years Months

E-Mail Address

Overseas Address (mandatory for Permanent Residents)

Mother's Maiden Name (for emergency identification purposes)

Overseas Contact No. (mandatory for Permanent Residents)

YOUR EMPLOYMENT DETAILS

Company Name _____

Type of Business/Industry (please tick one box only)

ED ☐ Education Services
PU ☐ Government
FI ☐ Financial Services
CO ☐ Construction
CI ☐ Computer & IT
RT ☐ Wholesale/Retail Trade#
TR ☐ Transportation
IN ☐ Insurance
PR ☐ Professional Services#
HO ☐ Hotel
BU ☐ Engineering
BU ☐ Business Consultancy
BU ☐ Real Estate
MF ☐ Manufacturing#

Others (please indicate) _____

Please indicate company products/services: _____

Occupation (please tick one box only)

AA ☐ Accounts Assistant
GO ☐ Government Officer
MG ☐ Manager
OA ☐ Operation Assistant
SI ☐ Service Industry Staff
AC ☐ Accountant/Financial Controller
DR ☐ Director/Managing Director/Chairman
IA ☐ Insurance Agent/Financial Planner
SP ☐ Sole Proprietor/Partner
TE ☐ Technician/Engineering Assistant/Traffic Assistant
CN ☐ Consultant
EN ☐ Engineer
MK ☐ Marketing Executive
SA ☐ Sales Assistant
SR ☐ Sales Executive

Others (please indicate) _____

_____

Office Address

House/Block ☐☐☐☐ Unit # ☐☐-☐☐☐☐

Street/Building Name _____

Postal Code S☐☐☐☐☐☐

☐ Tick here if self-employed

Monthly Income
(Please provide supporting documents)

Length of Service: Years ☐☐ Months ☐☐

S$ ☐☐☐☐☐☐☐☐

DETAILS OF MY UNSECURED CREDIT FACILITIES

No.	Name of Participating Financial Institution	Account No.	Unsecured Credit Facility Type (e.g. credit card, personal loan, etc.)	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Total no. of unsecured credit facilities: ( )
(optional) Please continue completing details of your unsecured facilities on Appendix A.

Please tick as appropriate.

☐ I am not under any existing debt consolidation plan with any financial institution. By ticking this box, I am aware that I am applying for:-

(i) a Debt Consolidation Loan Account for the Loan Amount equivalent to the total outstanding on my Designated Accounts as determined by you plus a buffer of 5%; and

(ii) a Revolving Credit Facility with a credit limit of up to my Monthly Income as determined by you.

I understand that the total outstanding on my Designated Accounts as determined by you may not be the same as the total outstanding declared above and that the Loan Amount shall be the amount as stated in the Approval Letter if my Debt Consolidation Plan Application is approved by you.

Note: The expressions used in this application form shall have the same meaning as that in the prevailing 'Terms and Conditions Governing Debt Consolidation Facility' as supplemented by the prevailing "Additional Terms and Conditions Governing Debt Consolidation Facility".

DECLARATION AND AUTHORISATION

To: United Overseas Bank Limited

By signing this Debt Consolidation Plan Application form:

1. I represent and warrant that:-
   (a) At the time of this application, I am not an undischarged bankrupt and there has been no statutory demand served on me and/or any legal proceeding commenced against me.
   (b) All information and documents provided above or otherwise in connection with this application are true and complete in all respects and that I have not withheld any information and/or documents which may be material in the context of this application. All information provided above are not the subject of any dispute and you shall be entitled to rely on any information and documents furnished to you in relation to this application without further verification.
   (c) If there is a change in the information provided and/or representations given or the information and/or representations become inaccurate in any way, I shall promptly notify you of the change or inaccuracy.
   (d) If I had previously applied for a debt consolidation plan with any Participating FI, I had been notified that my application was unsuccessful or more than 3 months has passed since the commencement of the debt consolidation plan.
   (e) I shall not apply for any debt consolidation plan with any other Participating FI unless I am notified that this application is unsuccessful or more than 3 months has passed since the Debt Consolidation Date.
2. I hereby:-
   (a) confirm that, where you make available the execution of this application form by me in an electronic form, my electronic signature is the legal equivalent of my manual signature on this application form and I have read, understood and agree to be bound by the prevailing UOB Electronic Signature Service Terms (available at uob.com.sg); and
   (b) confirm and agree that if this application and any supporting document are sent or are purported to be sent by me to you has been sent by email, you are authorized by me, but are not obliged, to rely and act upon on the emailed copy sent by email without the original and without any liability to me.
3. I confirm that I have obtained read, understood and agree to be bound by the prevailing Terms and Conditions Governing Debt Consolidation Facility and the prevailing Additional Terms and Conditions Governing Debt Consolidation Facility if this application is approved. Copies of both the prevailing and Additional Terms and Conditions Governing Debt Consolidation Facility are available at www.uob.com.sg/dcp.
4. I consent and authorise:-
   (a) you to collect, use, process and/or disclose my Personal Data in accordance with this Agreement and the terms of your personal data protection policy which can be found on your website;
   (b) you to share this application and all documents submitted with the Receiving Banks with whom I have outstanding unsecured debts;
   (c) you to liaise with the Receiving Banks; and
   (d) you and the Receiving Banks to conduct any credit check on me as you may require from time to time and to obtain, verify and/or disclose any of my information including information and details of my employment, credit card account(s), saving/current account(s), and transaction(s) to any person, including but not limited to any credit bureau, the DC Registry, your service providers and their subcontractors, and any person you and/or the Receiving Banks deem appropriate or necessary for this application or as may be required by any applicable law or regulation.
5. Upon the approval of this application, I authorise you to open such account(s) for me as you may deem fit for the purpose of the Debt Consolidation and to instruct the Receiving Banks, whether directly, indirectly, through the DC Registry or in such manner that you may so decide, to suspend or terminate any Designated Accounts I may maintain with them.
6. I confirm and agree that I will execute all such documents as may be required by you in relation to the Debt Consolidation from time to time.
7. I acknowledge that you may in your absolute discretion choose to either approve or reject my application without providing a reason for the approval or rejection. I agree that you shall not in any event be liable for any consequences arising from or in connection with your rejection of my application and that in the case of any dispute, your decision shall be final. I shall continue making repayment of the outstanding under the Designated Accounts until you notify me of the outcome of my application.
8. By signing this Debt Consolidation Plan Application form, I hereby confirm that, I am aware and agreeable that, if my application referred to in this Debt Consolidation Plan Application form is approved, the Revolving Credit Facility that is being applied for by me under this Debt Consolidation Plan Application form shall be issued in the form of the Card with a credit limit of up to my Monthly Income as determined by you and the Card issued thereunder will be a UOB Visa Platinum Card and I am agreeable with the Card (if issued by you to me at your discretion) being issued as a UOB Visa Platinum Card and that I cannot apply for a supplementary card to be issued and that I will not enjoy any benefits or rewards under the UOB Visa Platinum Card.
9. (a) I hereby further confirm that I have obtained, read, understood and agree to be bound by the following Card Terms if this application is approved:
      (i) the prevailing UOB Cardmembers Agreement (which can be found on our website at www.uob.com.sg);
      (ii) the prevailing Terms and Conditions Governing Accounts and Services (Individuals) (available at www.uob.com.sg);
      (iii) the prevailing terms and conditions of UOB Personal Internet Banking and UOB Mobile Services (available at www.uob.com.sg);
      (iv) the terms and conditions of any other document or agreement governing your relationship with us; and
      (v) such other terms and conditions as we may prescribe from time to time
   (b) I hereby further agree that the Card will be renewed upon its expiry without further reference to me unless the Card account(s) is terminated before that.
   (c) In addition to Item 4(d) above, I hereby further consent and authorise you to conduct any credit check on me as you may require from time to time and to obtain, verify and/or disclose any information relating to me including information and details of the Card account from or to the parties set out in the terms relating to your rights of disclosure under the Card Terms and the Agreement including any credit bureau and any person you deem appropriate or necessary for this application or as may be required by any applicable law.
10. I hereby further represent and warrant that whilst this application is being approved and whilst the Debt Consolidation Facility is still oustanding:-
   (a) there is no judgement nor order made against me nor any demand or claim (including any demand or claim in respect of which the party making the demand or claim has not issued any court, arbitration or such analogous proceedings against me) which are pending or threatened against me which restricts or may have a material or adverse effect on my ability to perform any of my obligations hereunder or under the Agreement.
   (b) I have taken all steps to ensure that I am under no legal disability or other incapacitating factor, and there is none, which prevents me from entering into all my agreement(s) with respect to the Debt Consolidation Facility with you or which would render such agreement(s) invalid or unenforceable.
   (c) I am not under any obligation to any party (including any creditor) whatsoever which restricts my ability or right to enter into any agreement with respect to the Debt Consolidation Facility with you or which places you in a less favourable position than such other party with regard to your claims, rights and remedies against us.
   (d) I am not involved in any activity prohibited under the Corruption Drug Trafficking and Other Serious Crimes (Confiscation of Benefits) Act (Cap. 65A) and all moneys and properties provided by them to you are not derived in any way whatsoever from such prohibited activity and there are no pending or threatened court order issued in connection with the said Act which in any way adversely affects your interests
   (e) I have not defaulted under any other agreement involving the borrowing of moneys or the granting of advances or credit which gives the creditor concerned the right to accelerate repayment or withdraw the advance or credit;
   (f) I have not entered into any arrangement or composition for the benefit of my creditors;
   (g) no legal proceedings suits or actions whatsoever (whether criminal or civil) and wheresoever is instituted against me; and
   (h) it is not and will not be unlawful for me to observe perform or fulfil any of the terms and conditions undertakings or obligations hereunder, under the Agreement.
11. I hereby further acknowledge, confirm and agree:-
   (a) that the total outstanding on my Designated Accounts as determined by you may not be the same as the total outstanding declared by me in this Debt Consolidation Plan Application form and if my Debt Consolidation Plan application is approved by you, that the Loan Amount granted shall be the amount as stated in the Approval Letter;
   (b) that the final Loan Amount approved, advanced and stated in the Approval Letter is solely at your absolute discretion;
   (c) that you may review and change the Loan Amount and the credit limit of the Card at any time without prior notice to me or giving me any reason;
   (d) to the modes and manner you may send notices and communications to me under the prevailing Terms and Conditions Governing Debt Consolidation Facility and the Additional Terms and Conditions Governing Debt Consolidation Facility,
   (e) that this application and all documents submitted to you or which may be furnished to or obtained by you from time to time including, without limitation, all verification documents obtained by you will be retained by you regardless of whether this application is approved or not and I shall not claim for the return of any of these documents. If you reject this application, no contractual relationship arises between me and you in connection with this application;
   (f) that I will supply any additional information, documents and documentary proof as you may require from time to time in connection with this application and the Debt Consolidation Facility;
   (g) that I will execute all documents and instruments and do all acts and things as may be required by you from time to time in connection with this application and/or the Debt Consolidation Facility; and
   (h) that the Debt Consolidation Facility and the Card shall be governed by your terms and conditions that are in force and applicable to the Debt Consolidation Facility and the Card (including, but not limited, to the terms and conditions referred to in this Debt Consolidation Facility) and which may be amended or supplemented by you from time to time.
12. I hereby:-
   (i) confirm that I have read and understood your Privacy Notice (which forms part of the terms and conditions governing my/our relationship with you and a copy of which is available to me at uob.com.sg or your branches) and consent to you collecting, using and disclosing my Personal Data (as defined in your Privacy Notice) in accordance with the terms of the Privacy Notice and for the purposes set out in the Bank's Privacy Notice, namely Basic Banking Purposes, Co-Branding Purpose, Research Purpose and Marketing Purpose (as defined in the Privacy Notice). I note that I may at any time withdraw all or part of the above consents at any branch and any withdrawal of consent for Research Purpose and Marketing Purpose will remain valid until I give my specific consent; and
   (ii) acknowledge and agree that you will be separately collecting, using and disclosing my personal data and you shall only be responsible for your own collection, use or disclosure of my personal data, and shall not be liable for the other party's handling or use thereof. I agree to directly address any queries, access or correction requests, or complaints in relation to the handling of my personal data to the relevant party.
13. Where I am not an existing customer of UOB Personal Internet Banking and Mobile Services ("PIB/MBK"), I confirm agree and acknowledge that the mobile phone number provided will be used for SMS-OTPs (One-Time Password), credit card security alerts, and authentication subscriptions; Where I already have PIB/MBK, I confirm, agree and acknowledge that the Card account can be accessed with my existing PIB/MBK username and password. If my mobile phone number has since changed and I wish to have it updated, I will complete a Change of Address/ Contact Details Form available at uob.com.sg.; Where I am already an existing UOB Phone Banking customer, I confirm, agree and acknowledge that my Card account will be linked to my current Access Code and PIN; Where I am not an existing UOB Phone Banking customer, I agree that a new Access Code and PIN will be sent to me upon approval of the applications set out in this Debt Consolidation Application form

_____ Applicant's Signature

_____ Date

APPENDIX A				
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