

Credit Card Standing Instruction Form

Date

Account Number Relationship ID

Primary Card Number

Card Holder Name _____ Contact Tel. No. _____

ID Verification Checked:

Mother's Maiden Name ID Number Date of Birth Card Expiry
 Credit Limit Other _____

New Amend Delete

Bank Name Branch

Account No. Account Name

Address

Minimum Amount Due* Total Amount Due*

Date of First Payment

Billing Cycle Change Yes No

Current Billing Cycle Date: _____

If yes selected above, please choose the desired billing cycle

5th 10th 15th 30th

I/We understand that the payment will be effected on the effective date specified above (or the preceding business day in the event of a holiday). I/We hereby authorize Standard Chartered Bank to collect the payment from my/our above stated bank account. I/We Hereby also undertake to keep my/our account in sufficient funds to enable you to carry out this instruction.

**Please refer to the T&C.* _____ Customer Signature & Date

For Bank use only

On-line Card 400 Checked _____

Account status checked (tick) Active Status Card (Block code: _____)

Branch _____

Account reviewed and verified by _____ Date _____ / _____ / _____

Approved by _____ Date _____ / _____ / _____

Card Operations: _____ Name _____ Signature _____