

## CREDIT CARD MAINTENANCE FORM

If you require any information to be updated by the Bank, please fill in and submit the Customer Information Update Form.

### ▶ DETAILS

Principal Cardholder's Name :

NRIC/Passport no. :  (New)

Mobile no. :  E-mail Address :

1.  To request a PIN for my credit card ending no.  (last 4 digits)

2.  To replace credit card ending no.  (last 4 digits) due to:

Damaged/Broken     Chip Error     Lost     Stolen     Fraud

Card Mailing Address :  Home Address     Office Address

Notes: 1. Replaced due to damage/broken/chip error: Destroy magnetic strip and chip immediately. 2. Replaced due to stolen/lost: To provide police report. 3. Replacement Fee: RM10.

3.  To increase credit card limit permanently, from RM  to RM

Nationality :

**MALAYSIAN** (Please ✓ one)  
 Bumiputra     Non-Bumiputra

**Non-MALAYSIAN**, please specify country, visa type and expiry date of visa

Country  Visa document number

Visa type  Code\*  Visa expiry date

Employer's Name :

Office Phone no. :

Gross Monthly Income : **RM**  Other Monthly Income : **RM**

Source of Income :  Code\*

Occupation :  Code\*

Employment Type :  Code\*

Employment Status :  Permanent     Contract     Temporary

Employment Sector :  Code\*

My total monthly instalments with non-bank institutions (if any) **RM**

**Important Notes:**

- Any non-disclosure of complete and accurate information may impact the Bank's decision on your application

**Documents required :**

Employed : Latest Salary Slips / EA Form / EPF Statement / Form BE & Tax Receipt

Self Employed : Latest Form B & Tax Receipt OR Latest 6 months Company Bank Statements OR copy of Business Registration Document

\* For Bank use only

**► DETAILS... CONTINUED**

**Declaration on Politically Exposed Person<sup>1</sup> ("PEP")**

**I declare that I am/used to be formerly a Politically Exposed Person ("PEP")<sup>1</sup>/Family Member<sup>2</sup> of the PEP/Close Associates<sup>3</sup> of the PEP.**

	<b>Principal Cardholder</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" has been selected for the above, please tick (✓) on the appropriate boxes in the table below. For further clarification please refer to the "Notes".	
1. I am a <b>PEP</b> <sup>1</sup> .	<input type="checkbox"/>
2. I am a <b>Family Member</b> <sup>2</sup> of the PEP.	<input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i>
3. I am a <b>Close Associate</b> <sup>3</sup> of the PEP.	<input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i>  If "Others", please specify (mandatory) <input type="text"/>
<b>Notes:</b> <sup>1</sup> Politically Exposed Person ("PEP") - a person who is or has been entrusted with a prominent public function. For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. <sup>2</sup> Family Member of the PEP: 002 - Spouse, 003 - Child, 004 - Parents, 005 - Parents-in-law, 006 - Siblings, 007 - Relative/Extended Family. <sup>3</sup> Close Associates of the PEP: 008 - Work Colleague, 009 - Close Friend, 010 - Driver, 011 - Bodyguard, 012 - Secretary, 013 - Political Adviser, 014 - Guarantor, 015 - Business Associate, 016 - Business Partner, 017 - Lawyer, 018 - Person Acting on Behalf, 099 - Others (it is mandatory to specify).	

4.  **To reduce credit card limit permanently**, from RM  to RM

5.  **To transfer outstanding credit card balances from my principal credit card**  
 ending no.  (last 4 digits) to  (last 4 digits)

**To transfer outstanding credit card balances from my supplementary credit card**  
 ending no.  (last 4 digits) to  (last 4 digits)

*Note: Transfer of outstanding balances exclude Balance Transfer and any monthly instalment plans, including but not limited to 0% Easy Pay, Auto Balance Conversion, Balance Conversion/i, Balance Conversion Relief, CashLite/i, CIMB Islamic Auto Balance Conversion, CIMB Islamic Balance Conversion Relief, Flexi Payment Plan.*

6.  **Other Requests, please specify**

Principal Cardholder's Signature :

Date :

E-mail the completed form to [cru@cimb.com](mailto:cru@cimb.com) or visit our nearest branch to submit your form.

**► FOR BANK USE ONLY**

Special Needs  Yes  No

Regional Customer  Yes  No

Branch Manager/Relationship Manager

Verified Original/Certified True Copy by

Branch

Tel. no.

Date