

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 Person¹ ("PEP")****I declare that I am/used to be formerly a Politically Exposed Person ("PEP")¹/Family Member² of the PEP/Close Associates³ of the PEP.**

	Principal Cardholder
	<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 PEP ¹ .	<input type="checkbox"/>
2. I am a Family Member ² of the PEP.	<input type="checkbox"/> Code*: <input type="text"/> Please find the respective codes under Notes.
3. I am a Close Associate ³ of the PEP.	<input type="checkbox"/> Code*: <input type="text"/> Please find the respective codes under Notes. If "Others", please specify (mandatory) <input type="text"/>
Notes: ¹ 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. ² Family Member of the PEP: 002 - Spouse, 003 - Child, 004 - Parents, 005 - Parents-in-law, 006 - Siblings, 007 - Relative/Extended Family. ³ 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 request for a temporarily credit limit increase for my credit card ending no.** (last 4 digit)**The purpose of my request is for (Please choose from the options):**☐ Hospitalisation ☐ Medical ☐ Travel ☐ Weddings ☐ Others: **Please review my request to increase my credit limit temporarily from:**Original credit limit of RM to credit limit of RM Start Date: / / to End Date: / *Important Note: • Temporarily Credit Limit Increase is capped at maximum of 60 calendar days only. • The request of Temporarily Credit Limit Increase is subject to Bank's decision on your application.*6. ☐ **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.*7. ☐ **Other Requests, please specify**

Principal Cardholder's Signature :

Date : / / E-mail the completed form to contactus@cimb.com or visit our nearest branch to submit your form.**► FOR BANK USE ONLY**Special Needs ☐ Yes ☐ NoRegional Customer ☐ Yes ☐ No

Branch Manager/Relationship Manager

Verified Original/Certified True Copy by

Branch Date / / Tel. no.