

Please complete the application form, attach the relevant documents and send them to:

ISETAN (SINGAPORE) LIMITED
FINANCE AND ACCOUNTING DEPARTMENT
ICCS CARD PROCESSING SECTION
593 HAVELOCK ROAD
#04-01 ISETAN OFFICE BUILDING
SINGAPORE 169641

Requirements

1. Applicant must be a Singapore Resident above age 21.
2. Minimum income S\$20,000 per annum.
3. Please attach your latest payslip and one of the following documents: latest Income Tax Assessment, employment letter or IR8A form.
4. Applicant who is not a Singapore Citizen or Permanent Resident must include a photocopy of your Passport & Employment Pass.

All attached documents including the application form received by Isetan will not be returned. Application form that is incomplete, unsigned or with no supporting documents will not be processed.

My Personal Details

Dr Mr Ms

Name in full as in NRIC/Passport (underline surname)

NRIC/Passport Number _____

Date of Birth _____

 day month year

Sex Male Female

Nationality _____

Residential Status Singapore Citizen
 Permanent Resident
 Employment Pass Holder

Marital Status Single Married
 Divorced Widowed

Number of Dependents _____

Home Address _____

_____ Postal Code _____

Residence Type HDB Condominium/Apartment
 Landed Others _____

Residence is Self-owned Family-owned
 Company-owned Rented

Years Residing There _____

Home Telephone 6 _____

Mobile Number _____

Email Address _____
Highest Academic Qualification Obtained _____

Mailing Address Home Office

Overseas Permanent Address (for non-Singaporeans)

My Employment Details

Name of Company _____

Nature of Business _____

Company Address _____

_____ Postal Code _____

Occupation _____

Length of Service _____

Office Telephone 6 _____

Previous Employer (if less than 1 year in present employment)

Occupation _____

Length of Service _____

My Income

Gross Annual Income (minimum S\$20,000 per annum)
S\$ _____

My Credit Reference

Credit Cards (Main card only)	Account Number	Credit Limit
_____	_____	_____
_____	_____	_____

Please do not glue or staple beyond this line

My Isetan Card No.

Isetan Card Number

6 0 0 7 - 0 4 - - -

(For Existing Card Holder applying for Supplementary Card(s) only)

My Supplementary Cardholder's Details

Dr Mr Ms

Name in full as in NRIC/Passport (underline surname)

NRIC/Passport Number _____

Date of Birth _____
day month year

Sex Male Female

Nationality _____

Residential Status Singapore Citizen
 Permanent Resident
 Employment Pass Holder

Marital Status Single Married
 Divorced Widowed

Relationship to Main Cardholder _____

Home Address (if different from Main Cardholder)

_____ Postal Code _____

Home Telephone 6 _____ Office Telephone _____

Mobile Number _____ 6 _____

Email Address _____

Name & Address of Company

_____ Postal Code _____

Occupation _____

Gross Annual Income S\$ _____

My Children's Details

Please furnish information about your children (if any) should you wish to receive any promotion on children's events. No. of children: _____

Name	Sex	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Closest Relative's Details (not living with me)

Name _____

Home Address _____

_____ Postal Code _____

Relationship _____

Home Telephone 6 _____ Mobile Number _____

Declaration

I/We* warrant that all information stated herein is true and complete in all respects.

I/We* confirm that at the time of this application, I/we* am/are* not undischarged bankrupt(s) and there has been no statutory demand served on me/us* or legal proceedings commenced against me/us*.

I/We* understand that you may decline my/our* application without assigning any reason.

I/We* agree to be bound by the terms and conditions of the Isetan Credit Card Agreement (as may be amended or supplemented from time to time), set out in this application form. I/We* understand that if I/we* retain or use any Card(s), I/we* shall be deemed to have received, read, understood and agreed to the terms and conditions of the Isetan Credit Card Agreement.

* delete as appropriate

Main Applicant's
Signature & Date

Supplementary Applicant's
Signature & Date

For Office Use Only

Recommended by _____ Dept/Div _____

Credit Approved/Rejected _____ By _____

Signature _____ Date _____

ISETAN CREDIT CARD APPLICATION FORM