OCBC Bank

Card Operations Department
NOTIFICATION REQUEST FORM (NRC)

Please visit the nearest OCBC branch or mail to:
OCBC Bank (M) Bhd
P.O. Box 10418,
50712 Kuala Lumpur, Malaysia

Name : _____ NRIC : ☐☐☐☐☐☐☐☐☐☐☐☐

Card No : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRY ☐☐☐☐

Card No : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRY ☐☐☐☐

REQUEST TO UPDATE CHANGE OF PERSONAL PARTICULARS

Please tick where applicable

Part A. Preferred Billing Address (*Applicable to Principal Cardmember only*) : ☐ Home ☐ Office

☐ Change of Home Address

Address : _____

_____

_____

_____

_____ Postcode _____

☐ Change of Office Address

Address : **Company Name :** _____

_____

_____

_____

_____ Postcode _____

Part B. ☐ Request for new PIN to be sent to new billing address

Part C. ☐ Change of Contact Nos. ☐ Home: _____ ☐ Mobile _____ ☐ Office _____

CARD RELATED MATTERS

Please tick where applicable

Part D. ☐ Card Replacement* Reason: ☐ Lost/stolen ☐ Faulty ☐ Damaged ☐ Others (*Please specify):* _____

Card Collection Branch : OCBC _____ Branch (unless specified, replacement card will be sent to billing address)

Part E. ☐ Card Cancellation Reason: ☐ Too many cards ☐ Low credit limit ☐ High service fee ☐ Others (*Please specify):* _____

Part F. ☐ Change of Name on Credit Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* *Replacement fee is applicable*

REQUEST FOR ADDITIONAL CARD(S)

Please tick where applicable

Part G. ☐ Request for Additional Card(s) Choice of Card(s) : ☐ Gold Visa ☐ Titanium ☐ Platinum MasterCard ☐ Gold MasterCard

Part H. **Principal Cardmember Declaration**

I/We agree to be bound by the terms and conditions contained in the OCBC Cardmember Agreement (and to such amendments which the Bank may at its absolute discretion make at any time from time to time and agree to be bound by them upon issuance or use of the Card), a copy of which will be sent to me/us. I/We understand that the OCBC Card(s) shall remain(s) the property of OCBC Bank (Malaysia) Berhad and must be returned to the Bank upon request.

Name : _____

Date : _____

Principal Cardmember *(Please sign within the box)*

FOR BANK USE ONLY

OCBC Branch / Contact Centre

Note: For card cancellation, please deface card by punching holes at MSF and make a copy of the defaced card.
For other requests, please provide biometric printout for customer before scanning/faxing to Card Operations.

Attended by : _____
Signature

Countersigning Officer : _____
Date: