Cabcharge Asia Pte Ltd
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Company Registration No: 198102368/C

# TOP UP FACILITY APPLICATION (CABCHARGE 3GEN CARD ACCOUNT)

## Application Requirements

- Available for purchase at $1,000 per account.
- Instalment plan available for POSB / DBS MasterCard holders.
- For supplementary cards application, loading value will be allocated between Principal and Supplementary card holder(s) based on purchase amount. (E.g. Prepaid amount: $1,000 - Priority: $500 / Supplementary 1: $250, Supplementary 2: $250).
- Reload Administrative Fee $3.00 per card inclusive of GST
- Trip Administrative Fee $0.50 per trip inclusive of GST
- Please allow at least 2 weeks for processing after submission of application.
- **Preloaded value on each card has a validity of 6 months.**
- **Any unused balance remaining in the card shall be forfeited after the validity date.**

## Card Holder's Details

| Name in NRIC / Passport (Underline Surname):<br>□ Dr □ Mr □ Mrs □ Miss □ Mdm | Mobile: (Priority Service) |
|---|---|

## Top-up Details

| **Purchase Value:** | Bank/Cheque No.: |
|---|---|

**Credit Card Details** Full / POSB/DBS 6-month IPP / POSB/DBS 12-month IPP (Please select one)

Card Number

Expiry date CVV □ AMEX □ Mastercard

## Details of Cabcharge Card to Top Up

1. Cabcharge 3Gen Card (Main)

   Card Value $

2. Cabcharge 3Gen Card (Supplementary)

   Card Value $

**Statement of Application / Declaration**

This is a Cabcharge 3Gen Card Account Application. I hereby agreed to purchase the pre-paid amount stated under Purchase Details from Cabcharge Asia Pte Ltd, this amount will be loaded to my account, to be used to pay for taxi fares on ComfortDelGro Taxis.

I agree that Cabcharge Asia Pte Ltd reserve the right to decline this application without giving any reasons and is not obliged to respond to any request from unsuccessful application. I certify that I have read and agree to all the Terms & Conditions attached to this application.

| Principal Applicant Name | Principal Applicant Signature | Date |
|---|---|---|

## For Official Use

| Account No: | Purchase Amount: |
|---|---|
| Effective Date: | Remarks: |