



383 Sin Ming Drive
Singapore 575717
Tel: 6555 1188
Fax: 6455 4736
www.comfort transportation.com.sg
www.citycab com sg
Company Registration No: 198102368/C

TOP UP FACILITY APPLICATION (CONTACTLESS PRIORITY CARD ACCOUNT)

Application Requirements

- Top up available for purchase at \$2,000 per account.
- Installment plan available for POSB / DBS MasterCard credit cardholder.
- Top up value will be allocated between main and supplementary card holder based on top up amount. (E.g. Prepaid amount: \$2,000 Main: \$1,500 / Supplementary: \$500)
- Reload Administrative Fee \$3.00 per card inclusive of GST.
- Trip Administrative Fee \$1.00 per trip inclusive of GST.
- The top up value is extended 6 months from date of top up.
- The top up value will be loaded with current balance on card plus top up amount.
- 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 Deta	ils	
Name in NRIC / Passport □ Dr □ Mr □ Mrs □ Mis		Mobile: (Priority Service)
Details of Cabcharg	e Card to Top Up	
1. Cabcharge Priority C Card Value \$	Card (Main) 6010896516	
2. Cabcharge Priority C Card Value \$	Card (Supplementary) 6010896516	
Purchase Details		
Purchase Amount: \$2	2,000	
Cheque		
Please cross your che	eque and make it payable to CABCHARG	E ASIA PTE LTD.
Cabcharge Asia Pte 383 Sin Ming Drive Singapore 575717		count holder Do not cond not deted sharing. The healer will
I .	tion stated on the cheque is correct, and duly signed by the according post-dated cheques. Please allow at least three working days in	1 1
Bank		
Cheque Number		

Service Providers: CityCab





383 Sin Ming Drive Singapore 575717 Tel: 6555 1188 Fax: 6455 4736 www.comfort transportation.com.sg www.citycab.com.sg Company Registration No: 198102368/C

TOP UP FACILITY APPLICATION (CONTACTLESS PRIORITY CARD ACCOUNT)

Internet Banking / Telegraphic Transfer		
Please provide the following information to your bank when making payment:		
Please provide the f Payee: Bank Name: Branch: Bank Address: Branch Code: Bank Currency: Swift Code: E-mail: Tel: Fax: Reference:	CABCHARGE ASIA PTE LTD DBS Bank THOMSON BRANCH 301 UPPER THOMSON ROAD #01-45 THOMSON PLAZA SINGAPORE 574408 7171/015	
There is a daily Internet Banking payment limit determined by the respective banks. Hence, the payment amount you can make via this mode is subject to this daily limit.		
or telegraphic trans: Kindly provide a sc	e, please call 6550 8690 / 6550 8706 for the account number to make a internet banking fer. Exercise grab of the successful transfer.	
Credit Card		
Payment Option	Full / POSB/DBS 6-month IPP / POSB/DBS 12-month IPP (Please select one)	
Card Number		
Expiry Date	CVV	
	With effect from 15 July 2013, VISA is no longer accepted.	
Statement of Applic	cation / Declaration	
This is a Cabcharge Priori from Cabcharge Asia Pte I agree that Cabcharge A	ity Card Top-up Application. I hereby agreed to purchase the pre-paid amount stated under Purchase Details e Ltd, this amount will be loaded to my account, to be used to pay for taxi fares on ComfortDelGro Taxis. Asia Pte Ltd reserve the right to decline this application without giving any reasons and is not obliged to rom unsuccessful application. I certify that I have read and agree to all the Terms & Conditions attached to	
Principal Applicant Name	e Principal Applicant Signature Date	

Purchase Amount:

Remarks:

Service Providers: CrtyCab

Account No:

Effective Date:

For Official Use