



Application for DBS Debt Consolidation Plan

1. My Personal Details

Title: Dr Mr Mrs Miss Mdm

Name (as in NRIC): _____

NRIC No.:

Nationality (Country/Region):

Singaporean

Singapore PR,

Nationality (Country/Region e.g. Thailand): _____

Marital Status:

1 Single 2 Married 3 Divorced

5 Others _____

No. of Dependants:

Education:

03 University/Post-Grad 05 Diploma Holder

06 Technical 07 'A' Level

08 Secondary 09 Primary

10 Others _____

2. My Employment Details

Company Name: _____

Monthly Income: S\$ _____

Job Title:

02 Professional 01 Senior Management

12 Director 04 Executive

50 Diplomat 03 Managerial

30 Technician 19 Supervisor

05 Office Worker 06 Sales

28 Chef 27 Lecturer

31 Telemarketer 32 Customer Service Support Staff

33 Driver 09 Blue Collar

10 Others _____

Job Status:

E Employee S Self-Employee

C Variable/Commission Earner

Industry/Business Type:

05 IT/Telco 04 Banking & Finance

02 Building/Construction 22 Entertainment

11 Government 20 Shipping/Transport

29 Travel Related 24 Insurance

27 Retail 17 Manufacturing

23 Hotel/Restaurant 19 Others _____

Length of Current Employment: Years Months

Previous Company Name: (Please update here if current employment is less than 12 months.) _____

Length of Previous Employment: Years Months

3. My Loan Request

Please select **ONE** of the options below:

New Debt Consolidation Plan

I am not under any existing debt consolidation plan with any financial institution. By ticking this box, I am aware that I am applying for:-

(i) a debt consolidation loan account for the loan amount equivalent to the total outstanding on my unsecured credit facilities as determined by DBS plus a buffer of up to maximum 5%; and

(ii) a revolving credit facility (in the form of a Visa Credit Card) with a credit limit of up to 1x my monthly income as determined by DBS.

Name to appear on card (19 characters)

I understand that the total outstanding on my unsecured credit facilities as determined by DBS may not be the same as the total outstanding declared in the overleaf and that the loan amount shall be the amount as stated in the approval letter if my debt consolidation plan application is approved by DBS.

Refinance / Repayment Term Revision

I am applying for a refinance / repayment term revision of an existing debt consolidation plan.

Date of approval of existing debt consolidation plan:

/ /

(i) I am aware that my refinance / repayment term revision DCP Loan amount is equivalent to my existing DCP latest outstanding amount and,

(ii) a revolving credit facility (in the form of a Visa Credit Card) with a credit limit of up to 1x my monthly income as determined by DBS. (Applicable for Refinance only)

Name to appear on card (19 characters) (Applicable for Refinance only)

FOR BANK USE ONLY

DC: 100 471 (461 09) DJ60, DJ72, DJ84, DJ96

SC: 702 371 (879 00)

Source Code: 05

Campaign Code: DCP8CB5555



Unsecured Facilities Declaration Form for Debt Consolidation Plan Application

Where the facility is a loan facility, please indicate both loan account and repayment account numbers. In the event of inconsistency between any information on this declaration form and the supporting documents submitted, the information on the supporting documents will be used instead. Please note that for any facilities that are neither declared nor submitted with supporting documents will not be considered for the DCP application.

DETAILS OF MY UNSECURED CREDIT FACILITIES				
Serial No.	Name of Participating Financial Institution	Repayment Account Number	Unsecured Credit Facility Type (e.g. credit card, personal loan, etc.)	Is there any Outstanding Balance? Please indicate Yes or No.
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No
26				<input type="checkbox"/> Yes <input type="checkbox"/> No
27				<input type="checkbox"/> Yes <input type="checkbox"/> No
28				<input type="checkbox"/> Yes <input type="checkbox"/> No
29				<input type="checkbox"/> Yes <input type="checkbox"/> No
30				<input type="checkbox"/> Yes <input type="checkbox"/> No

NRIC of applicant:

Date of application: / /

I hereby declare and warrant that the information given in this application and all documents submitted to you are complete, true and accurate.