

APPLICATION FOR REPLACEMENT CARD**SECTION A: CARDHOLDER'S PARTICULARS**NRIC / FIN - - Membership Type : **Union / Associate** (Gold Link Card)**Co-op** (Silver Link card)

NRIC Name _____

Address _____ (_____)

Home Tel _____ Office Tel _____ Pager / HP number _____

Email Address _____

SECTION B: REPLACEMENT CARD DETAILS**Part I** (Please tick ✓ where applicable) Lost Stolen**Faulty** (Please surrender your existing NTUC Link card as it will be invalidated)

- Could not be used to earn LinkPoints.
- Could not be used at ATM machines (For cards with ATM feature)
- Could not be used at ATM machines and to earn LinkPoints (For cards with ATM feature)

Changes To be Made

- Incorrect Name Printed (Please indicate the correct name : _____)
- Change of Residential Status (Old FIN No: _____ New NRIC No: _____)
- Others (please specify: _____)

Part II (Please tick ✓ where applicable)

- I enclose my existing Link card and confirm that there is **no cash value** on the card (Cash Card Refund Form to be enclosed if there is cash value on the card.)
- I enclose **\$12.35 (w/GST)** being payment for replacement charge (Cheque to be made payable to "NTUC Link Pte Ltd") (To avoid any rejection of payments, please enclose only Cheque Truncation System(CTS) cheques for payment of your replacement card)
- I wish to have the bank ATM facility on my card. The ATM application form is enclosed. [Click to download ATM Application Form](#)
- I do not wish to have the bank ATM facility on my card.
- I understand that upon submission of the replacement form & payment, I will not be able to use my previous NTUC Link card as it will be invalidated.
 - If there is no indication on Part II, NTUC Link will proceed with the production of a non-ATM Card.
 - As your photograph is already in our system, hence there is no need to send us another photo. However, if you wish to change it, kindly enclose your new photograph.

Signature of Cardholder: _____

Date: _____

SECTION C: FOR OFFICIAL USE**Part I For Union / MED Use** (Applicable for Union Members Only) I confirm that the above applicant is an existing union member. NTUC Link card enclosed. – Yes / No

Union / MED : _____ Name of Union / MED Officer : _____ Signature / Date : _____

Part II For NTUC Link use

Cash Received * \$12.35 / NIL / _____ Attended By / Date _____

Cheque No. _____ Receipt No. _____

Card Processed By _____ Date _____

Revised on 05 November 2002