

**CHARGING OF NUSS BILLS TO DBS NUSS VISA PLATINUM CARD APPLICATION FORM**

Please tick  I hereby authorise NUSS to charge my NUSS bills to my DBS NUSS VISA Platinum Card.  
 I hereby authorise NUSS **NOT** to charge my NUSS bills to my DBS NUSS VISA Platinum Card.

**PARTICULARS OF MEMBER**

Mr  Mrs  Ms  Mdm  Dr  Prof  Assoc. Prof

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Membership No: \_\_\_\_\_

Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P)

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

