

APPLICATION FOR REPLACEMENT OF PSB STUDENT CARD

Please submit the following items for processing the replacement of your PSB Student Card:

1. Payment of \$25.00 is payable at the Cashier and attach a copy of the payment receipt to this form.
2. A photocopy of your passport/NRIC for verification.
3. One recently-taken passport-sized photograph taken against a white background
4. Original Damaged card (if applicable)

You will be notified via email when the card is ready for collection.

**For claims relating to the stored value on the card and other matters, please approach NETS Office at:
298 Tiong Bahru Road, #04-01/06, Central Plaza, Singapore 168730.**

You may also refer to <https://www.nets.com.sg/faqs/personal/nets-flashpay/> for the terms and conditions governing the use and replacement of the NETS Flash card.

SECTION A: APPLICANT'S PARTICULARS		
Name of Student (as in NRIC / Passport)		
NRIC No / FIN / Passport No. (Include prefix)	Nationality	<input type="checkbox"/> Pls use my existing photo Or Attach one recent coloured passport-sized photo. Please write your name and NRIC No./FIN behind the photo
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (DD/MM/YY)	
E-mail Address		
Handphone No.	Home/Office Tel No.	
Programme Title :		Full-time/ Part-time:
Programme Intake (MM/YY):		

SECTION B: DECLARATION	
Replacement of card due to:	
<input type="checkbox"/> Loss of card <input type="checkbox"/> Damaged card <input type="checkbox"/> Other reasons:	
<input type="checkbox"/> I declare that the particulars given in the application are true. I agree to abide by the rules and regulations of PSB Academy. <input type="checkbox"/> For any dispute regarding stored value in the card, I agree to contact NETS directly and not hold PSB Academy liable.	
_____ Signature of Student	_____ Date

All information provided is treated with strictest confidentiality and are meant for internal use only.

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FOR OFFICIAL USE ONLY

SECTION C: FOR CASHIER'S USE

Receipt No	RDC		
Processed by		Date	

UPON RECEIPT OF CARD:

SECTION D: ADMISSIONS EXECUTIVE

<input type="checkbox"/> Payment receipt attached <input type="checkbox"/> Photocopy of Damaged card (if applicable)	_____ AE's name/signature	_____ Date received
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UPON ISSUING NEW CARD:

SECTION E: ADMISSIONS EXECUTIVE

CAN ID for New Card (16 Digit) _____ Date of issued Card _____ Remarks:	_____ AE's name/signature	_____ Date handover to PE
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SECTION F: School

<input type="checkbox"/> New card received from AE Remarks:	_____ Executive's name/signature	_____ Date received from AE
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ACKNOWLEDGEMENT

SECTION G: STUDENT

<input type="checkbox"/> New card received	_____ Student's name/signature	_____ Date received
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