

APPLICATION FOR REPLACEMENT OF PSB STUDENT CARD

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

1. Payment of \$21.40 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)

The PSB student card will be ready for collection 2 weeks upon receipt of the completed application form. You will be notified via email when the card is ready for collection.

- This form serves as a temporary identification for usage of PSB Library services, valid for 1 month from date signed.

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 <http://www.nets.com.sg/netsflashpay-tnc> 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 :		
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.

FOR OFFICIAL USE ONLY

SECTION C: FOR CASHIER'S USE			
Receipt No	RDC		
Processed by		Date	
SECTION D: ADMISSIONS EXECUTIVE			
<input type="checkbox"/> Payment receipt attached <input type="checkbox"/> Photocopy of Damaged card (if applicable)	_____ Executive's name/signature		_____ Date received

UPON ISSUANCE OF 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 Executive

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

ACKNOWLEDGEMENT

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