

Please complete this form and mail it back to us at:  
UOB eService Forms Processing, Bras Basah Post Office P.O. Box 106 Singapore 911804


**COMPANY PARTICULARS ("APPLICANT")**

<b>Registered Name</b>	<b>Business Registration No. (UEN)</b>
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**CARDUSER PARTICULARS**

<b>Name as in NRIC/Passport</b>	<b>NRIC/Passport No.</b>
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**Business Debit Card No.**

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**MAINTENANCE REQUEST FOR ATM SERVICE**

Please select a maximum of 3 service options only. The selection below will supersede your current Business Debit Card ATM services (Note: If more than 3 services are chosen, only the first 3 options will be processed).

<input type="checkbox"/> <b>(a) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, UniFlash Withdrawal, CashCard Top-Up at EFTPOS/ATM &amp; CashCard Refund</b> (IBIZTOP) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Withdrawal Limits</th> <th style="text-align: left;">Default</th> <th style="text-align: left;">Maximum</th> <th style="text-align: left;">Please indicate customised limits (2BIZTOP)</th> </tr> </thead> <tbody> <tr> <td>Daily ATM Limit</td> <td>S\$5,000</td> <td>S\$5,000</td> <td>S\$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> .00</td> </tr> <tr> <td>Daily NETS Limit</td> <td>S\$2,000</td> <td>S\$2,000</td> <td>S\$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> .00</td> </tr> <tr> <td>Daily UniFlash Limit</td> <td>S\$10,000</td> <td>S\$10,000</td> <td>S\$ <table border="1" style="display: inline-table; 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**AUTHORISATION & AGREEMENT**

I/We hereby agree and represent to the Bank that the particulars and information provided by me/us in this form and any other document are complete, true and accurate. I/We have read, understood and agree to be bound by the prevailing UOB Business Debit Cardmember Agreement and UOB Terms and Conditions Governing Account and Services. I/We understand that you have the right not to approve this application at your absolute discretion without assigning any reason whatsoever.

\_\_\_\_\_  
Name and Signature of Authorised Person(s)\*      Date      \_\_\_\_\_  
Name and Signature of Authorised Person(s)\*      Date

\*To be signed by Approved Person(s) appointed under the Accounts and Services Resolution (ASR) or by persons authorised under Board Resolution/Minutes of Meeting to apply for UOB Business Debit Card.

**FOR BANK USE ONLY**

<b>Attended by:</b>	<b>Signature Verified by:</b> <input type="checkbox"/> ASR	<b>Approved by:</b>
<b>Signature &amp; Name</b> <b>Date</b>	<b>Signature &amp; Name</b> <b>Date</b>	<b>Signature &amp; Name</b> <b>Date</b>