WOB

UNITED OVERSEAS BANK LIMITED ("UOB")



ATM CARD APPLICATION FORM

(Corporation/Sole Proprietorship/Limited Liability Partnership/ :-+-//

PARTICULARS OF APPLICANT						i an	iersnip	5/500	iety/A3	Social			anagen		orporation)	
Name Of Applicant	1 1	I		I	I	1		1	1	T	Т	T	I	I	1	
	1 1								1	Ì	1	İ	1	İ		
Business Registration Number									1							
Account Number S G D		-		-				-								
APPOINTMENT OF ATM CARDHOLDER(S) (* Please dele																
We appoint the person(s) named below to be the authorised	UOB ATM	1 cardholder	. ,	dholder	1			I			Ca	rdhal	der 2			
Name (as in NRIC/Passport*)			Cai	unoidei	•						Uai	uno				
(Dr/Mr/Miss/Mrs/Mdm*)																
Preferred name (19 characters including spaces) (optional)																
NRIC/FIN/Passport No.*																
							_									
Preferred Language For ATM Instructions [Please tick one only for each ATM cardholder.								English								
Default language is 'English'.]			ninese							Chine	se					
SELECTION OF ATM CARD SERVICE(S) [Please tick (\checkmark) - a (a) Fast Cash Deposit, NETS Purchase, ATM Cash Withdraw	maximun	n of 4 servic	e option	s only for	each	card]										
ATM Funds Transfer, Uniflash Withdrawal	<u>ai</u> ,					(1BIZ	.N)								(1BIZN)	
															(00.00.00	
Withdrawal Limits						(2BIZ	.N)		00						(2BIZN)	
Daily ATM Limit \$\$3,000 default \$\$50,000 maxim Daily NETS Limit \$\$2,000 default \$\$2,000 maximu	-	S\$. 0	0				S\$	\$		•	00			
Daily NETS Limit S\$2,000 default S\$2,000 maximu Daily Uniflash Limit S\$10,000 default S\$10,000 maxim		S\$ S\$. 0					S\$	νφ 		•	0 0			
Monthly Card Limit S\$10,000 default S\$100,000 maxim		S\$. 0				S					0 0			
Note: If you prefer a customisation of limits, please indicate your limit. Otherwise, default limit will apply.																
(b) CashCard Top-Up At EFTPOS & CashCard Refund																
Transaction Limit S\$50 Daily Maximum Limit S\$3,000					(1	ACOF	וסטס							(1ACORP8)	
Monthly Maximum Limit \$\$5,000					(1	ACO	(F 0)							(
Please note that customisation of limits is not available.																
(c) <u>CashCard Top-Up At EFTPOS / ATM & CashCard Refun- ATM EFTPOS</u>	<u>a</u>															
Daily Maximum Limit S\$3,000 S\$2,000					(1	ACTO)P1)							(1ACTOP1)	
Monthly Maximum Limit S\$6,000 S\$4,000																
(d) <u>Statement Request</u>					(1	ACOF	RP6)							(1ACORP6)	
(e) <u>Balance Enquiry</u>					(1	ACOR	P7)							(1	ACORP7)	
ATM Candhaldaria Si																
ATM Cardholder's Si AUTHORISATION & AGREEMENT	gnature															
I/We, on behalf of the Applicant, hereby:-																
 apply for the use of ATM Services on the terms of the UOB Terms and Condi confirm that I/we have obtained the UOB Terms and Conditions Governing A 		-								ound l	by all th	no torm	e thereir	h and		
any amendment or variation thereof.			-					-								
 confirm that I/we have read and understood the terms and conditions applicat amendment or variation thereof. 	ole to each o	of the services t	hat I/we ha	ave applied	for, and	agreed	to be b	bound	by such	terms	and co	ondition	is and ar	ny		
 confirm that each of the ATM Cardholder named herein is authorised to opera on the ATM Cardholder as set out in this application shall apply in this respectively. 															•	
ATM Cardholder's limit. • authorise the Bank to issue the ATM Card(s) and PIN(s) to the ATM Cardhold																
• confirm that, in the event of any change of the authorised ATM Cardholder, I/			y of the re	levant ATM	Cardho	lder thre	ough th	e subr	nission o	ofa re	quest, i	instruc	ion or re	levant		
maintenance form to the Bank. • authorise the Bank to debit all subscription fees, administration and service ch	harges in cor	nnection with th	is applicat	tion and/or u	ise of th	e ATM	Service	s and	ATM Ca	ard to	the Ap	plicant	's accou	nt(s).		
• authorise the ATM Cardholder(s) to acknowledge receipt of the ATM Card(s)	and PIN(s) a	and to agree to	be bound	by the Bank	's terms	and co	ondition	s for th	eir use,	on be	half of	the Ap	olicant.			
 agree to indemnify and hold harmless the Bank from and against all costs, or incur or be liable for in connection with or arising as a consequence of this or 			0						er nature	e whic	n the B	ankm	ay susta	in,		
 confirm that all the information provided herein is true and accurate to the best enclose a certified true copy of the Applicant's board (or equivalent) resolution 		knowledge as a	at the date	of this appli	cation.											
Authorised Signature				Authoris	ed Sig	nature										
Name: Date:				Name: Date:												
FOR BANK USE ONLY	. I=			1.4.	15		-									
Attended By: Received By: Signature Verified E	sy: Pro	ocessed By:		Approve	a By:		Re	emark	s:							
Name and Signature Name and Signature Name and Signature	Na	ame and Signa	ature	Name ar	nd Sian	ature	\neg									
					iu olgri	ataro										

RESTRICTED