



IMPORTANT NOTE: All fields are compulsory unless otherwise stated.

Delete where inapplicable.

APPLICATION

PART 1: Customer Particulars	
Name of Company / Association / Club / Society	Company Registration Number:
Contact Person (Dr / Mdm / Mr / Mrs / Ms *):	Contact Number:
PART 2: Designated Account (please indicate SGD account only)	
Please complete the Account Number to be assigned to the new Deposit Card. Multiple Deposit Cards can be assigned to the same account. SGD	
PART 3: Deposit Card Details	
 Please assign a unique Deposit Reference for identification of each new Deposit Card. Do not assign a Deposit Reference that is already issued for an existing Deposit Card The Deposit Reference will be embossed on each new Deposit Card issued and will also be reflected on the Bank Statement for each deposit transaction made with the Deposit Card. For each Deposit Card, a maximum 16 Alpha-numeric characters including spaces is allowed for the Deposit Reference. If Deposit Reference requires Special Characters, please use only Dash (-) or Slash (/). Any other Special Characters will be replaced by a Space. Please use separate application form for additional Deposit Cards. To be completed in Capital Letters Only	
Deposit Card Reference Deposit Car	d Reference
Deposit Card Reference Deposit Card Reference	
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PART 4: Authorisation and Agreement By signing below, I/We hereby: apply for the use of UOB Corporate Deposit Card Service. authorise the use of UOB Corporate Deposit Card Service by any of our staff, employees or authorised personnel. 2. authorise any one Authorised Person to activate the use of the UOB Corporate Deposit Card prior to usage. agree to indemnify and hold harmless the Bank from and against any and all costs, claims demands, losses, charges and expenses howsoever and of whatsoever nature which the Bank may sustain, incur or be liable for in connection with or arising as a consequence of this or any earlier application for, the use of UOB Corporate Deposit Card Service. agree that the Bank may contact the Contact Person stated in this form for any matters relating to the application for the **UOB** Corporate Deposit Card Service. agree to be bound by the Bank's Terms and Conditions governing UOB Corporate Deposit Card Service as amended or supplemented from time to time (available at uob.com.sg). Authorised Person's Name Authorised Person's Name Signature Signature Date Designation Designation Date **IMPORTANT NOTES** The Bank will take at least five (5) business days from the date of its receipt to process this application and to mail the Deposit Cards to the mailing address of the designated account. Please call us at 1800 226 6121 (from Mondays to Fridays 9am – 6.30pm excluding public holidays) if you do not receive the Deposit Card after five business days. · All Pages of any attachment accompanying this UOB Corporate Deposit Card Service application form must be signed by the authorized person(s). FOR BANK USE ONLY Attended By: Received By: Signature(s) Verified By: Processed By: Approved By: Name/Initial/Date Name/Initial/Date Name/Initial/Date Name/Initial/Date Name/Initial/Date Special Instructions: