


**PART 1: PARTICULARS OF APPLICANT
(CORPORATION / SOLE PROPRIETORSHIP / PARTNERSHIP / SOCIETY / ASSOCIATION / CLUB / OWNERS' CORPORATION OF A BUILDING)**

Name of Applicant	Certificate of Incorporation Number
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EXISTING BIB LOGIN GROUP ID <small>(i.e. APPLICANT uses this existing Group ID to access BIB)</small>	
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PART 2: USER DETAILS AND REQUEST

User Name		<p>A. Password Related Request (select only one option; if both boxes checked, the Bank will only issue password)</p> <input type="checkbox"/> I have my password – please activate my User ID (user's signature required in Part 3 below)	
User ID			OR
HKID / Passport* <small>(Default HKID)</small>			<input type="checkbox"/> I do not have my password – please issue a new password ^{Note 1} <p>B. Token Related Request (subject to token charges ^{Note 2})</p> <input type="checkbox"/> Exchange Faulty Token ^{Note 3} <input type="checkbox"/> Replace Lost Token ^{Note 4}
Mobile No.			<p>C. Daily Approval Limit Related Request</p> <input type="checkbox"/> Update daily approval limit _____ (Default = HKD & NO Limit) ^{Note 5}
Token Serial Number <small>(Token Serial number is mandatory for exchange of faulty Token)</small>			<p>Note:</p> <ol style="list-style-type: none"> 1. For Issuing of new passwords, User ID will only be activated upon our receipt of Password Acknowledgement Slip 2. A fee of HKD\$120 is payable for each new Token issued 3. A fee of HKD\$120 will be charged if the faulty Token is not returned together with this form to the Bank ; Token serial number is mandatory. 4. Authorised Person's signature required. A replacement fee of HKD120 is payable for each replacement Token. 5. Authorised Person's signature required.

PART 3: DECLARATION BY USER (AS NAMED IN PART 2)

On behalf of the Applicant, I hereby

- a) request the changes or amendments as set out above, to be made.
- b) confirm that I have obtained the UOB BIB Service Agreement ("BIB Agreement") at www.uobgroup.com/hk/bibplus, have read and understood the BIB Agreement, and the Applicant agrees to be bound by all the terms therein and any amendment or variation thereof.
- c) confirm that I have read and understood the terms and conditions applicable to each of the services with UOB (the "Bank"), and the Applicant agrees to be bound by such terms and conditions and any amendment or variation thereof.
- d) confirm that all the information provided herein is true and accurate to the best of my knowledge as at the date of this request.
- e) authorise the Bank to debit all fees (including fees for the replacement of Tokens), and administration and service charges relating to this application and/or use of the BIB Service from the account of the Applicant.
- f) agree to indemnify and hold the Bank harmless 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 the BIB Service.

_____	Date	_____	Date
Signature of User (as named in Part 2)		Name and Signature of Authorised Person ^{Note 4 and Note 5}	

Remarks: Authorised Person's (AP) signature required for request to Replace Lost Token only; AP's signature for other requests except User ID activation is also accepted by the Bank

IMPORTANT NOTES

- The Bank will take approximately seven (7) business days from the date of its receipt of this application to mail the User IDs, Passwords and Tokens to the mailing address for the designated account. Please call us at [2820 6663](tel:28206663) (from Mondays to Fridays 9am – 6pm excluding public holidays) if you do not receive the User IDs/Passwords/Tokens after seven Banking Days.
- All pages of any attachment accompanying this BIB Maintenance Form must be signed by the Authorised Person(s).
- User ID letter/PIN Mailer/Token will be delivered to the address of the designated charge account stated on the account opening document.

FOR BANK USE ONLY

Attended By: (TB Sales / RM / Branch *) _____ Name and Signature Date:	Completeness Checked By: _____ Name and Signature Date:	CDD By: <i>(Applicable to new signatory only, who is not existing signor of other existing accounts)</i> _____ Name and Signature Date:	Signature Verified By: _____ Name and Signature Date:	Scanned By: _____ Name and Signature Date:
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Remarks: