



ADDITIONAL PERM TERMINAL / ADD ON FACILITY FORM

Step 1: Complete the form in CAPITAL LETTERS and sign off by Authorized Signatory
 Step 2: Email to Merchant.MgtAcquiring@UOBgroup.com with the subject header as follows:
 (e.g. ABC PTE LTD – Additional PERM Terminal Request; XYZ PTE LTD – Add On Facility)

MANDATORY FIELDS

REQUESTOR NAME :	_____	DATE OF REQUEST :	_____
MERCHANT NAME : (as in ACRA)	_____	ROC NUMBER :	_____
CONTACT EMAIL :	_____	CONTACT NUMBER :	_____

1) ADDITIONAL TERMINAL

Indicate all Merchant ID(s) to tag onto the terminal	
Schemes Required	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB <input type="checkbox"/> UPI <input type="checkbox"/> WeChat Pay <input type="checkbox"/> Alipay <input type="checkbox"/> Amex* <input type="checkbox"/> Diners* <input type="checkbox"/> NETS* <small>* To inform and apply AMEX/DINERS/NETS separately</small>
Facilities Required	<input type="checkbox"/> Installment Payment Plan (IPP) <input type="checkbox"/> DCC <input type="checkbox"/> MOTO <input type="checkbox"/> IRR <input type="checkbox"/> UOB\$ Others: _____
Delivery Address	
Number of Terminal(s) :	_____ Type of terminal^ : <input type="checkbox"/> Wired <input type="checkbox"/> Wireless
Deployment Date^ :	____/____/____ Time : <input type="checkbox"/> 9am – 12pm <input type="checkbox"/> 12pm – 3pm <input type="checkbox"/> 3pm - 5pm
<small>^Monday–Friday, excluding PH), at least 5 working days from submission date & subject to availability, any other cost may be applicable</small>	
Name of Contact Person at Outlet:	_____ Contact Number at Outlet: _____

2) ADD ON FACILITY

Schemes Required	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB <input type="checkbox"/> UPI <input type="checkbox"/> WeChat Pay <input type="checkbox"/> Alipay <input type="checkbox"/> Amex* <input type="checkbox"/> Diners* <input type="checkbox"/> NETS* <small>* To inform and apply AMEX/DINERS/NETS separately</small>
Facilities Required	<input type="checkbox"/> Installment Payment Plan (IPP) <input type="checkbox"/> DCC <input type="checkbox"/> MOTO <input type="checkbox"/> IRR <input type="checkbox"/> UOB\$ Others: _____

All representations made by, and undertakings and indemnities given by the Merchant to the Bank in the Indemnity For Taking and Accepting Instructions By Facsimile, Telex and Email are deemed to be repeated by the Merchant and shall apply to this Additional PERM Terminal / Add On Facility Request Form.

SIGNATURE OF AUTHORIZED SIGNATURE

NAME

We will require 5 working days to process your request, upon submission with correct details and sign-off by the Authorized Signatory registered with Merchant Team. Please take note that your request will be rejected if the form is incomplete or wrongly filled.