

RESTRICTED

MERCHANT GENERAL INFORMATION UPDATE FORM (BANK ACCOUNT / MAILING ADDRESS)

| Step 1: Complete the form in CAPITAL LETTERS and Step 2: Send the completed ORIGINAL form with supp | porting documents to: |
|---|--|
| UOB Cards & Payments (Merchant Partnership & D Robinson Road P.O. Box 1111 Singapore 902211 | evelopment) |
| MANDATORY FIELDS | |
| REQUESTOR NAME : | DATE OF REQUEST : |
| MERCHANT NAME : (as in ACRA) | ROC NUMBER : |
| CONTACT EMAIL : | CONTACT NUMBER : |
| Indicate all Merchant ID(s) to be updated: (Please indicate ALL 15 DIGIT MIDs (eg, VISA/MASTER/JCB/IPP/E | COM) and attach a separate sheet for more than 1 set of MIDs) |
| ☐ 1) CHANGE OF BANK ACCOUNT DETAILS | 3 |
| (Please submit the Merchant Interbank GIRO form to arrange for C | SIRO Debit Instruction.) |
| Bank Name^: ☐ UOB ☐ Far Eastern Ba | ank |
| Bank Branch : | Swift Code (for foreign account): |
| | |
| ^Please enclose a copy of the bank statement for verification *Subjected to business re-evaluation by UOB | |
| 2) CHANGE OF MAILING ADDRESS | |
| LINE 1 : | |
| LINE 2 : | S() |
| All representations made by, and undertakings and indemnities given by the Mer are deemed to be repeated by the Merchant and shall apply to this Mercha | rchanttothe Bankinthe Indemnity For Taking and Accepting Instructions By Facsimile, Telex and Ema ant General Information Update Form (Bank Account / Mailing Address). |
| | FOR BANK USE ONLY Received By : |
| | Received Date : |
| SIGNATURE OF AUTHORIZED SIGNATURE | Processed Date : |
| NAME | |