



MERCHANT GENERAL INFORMATION UPDATE FORM

Step 1: Complete the form in CAPS.

Step 2: Email to cardopsmerchantsupport@UOBgroup.com with the subject header as follows:

(e.g. ABC PTE LTD – Change of DBA Name ; XYZ PTE LTD – Change of outlet address)

MANDATORY FIELDS

Requestor Name: _____ Contact No: _____ Date of Request: _____

Contact Email: _____

Merchant ID (MID): Visa/Master 001- _____ JCB 102- _____
(Please attach a separate sheet for more than 1 set of MIDs)

IPP*: 001- _____ Ecommerce: _____

Merchant Name (as in ACRA): _____ ROC Number: _____

1) Change of Doing Business As (DBA) Name (Must NOT exceed 23 characters in length, including spaces)* #

DBA Name:	<input type="text"/>
Is the DBA Name registered with ACRA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the ACRA Registration number is _____.

2) Change of Outlet Address* #

Line 1:	_____
Line 2:	_____ S (_____)

3) Preferred Terminal Re-programming Slot (Applicable for Item 1 and Item 2)* #

Date (Monday-Friday, excluding PH), at least 5 working days from submission date & subject to availability:	_____ / _____ / _____
Time*: <input type="checkbox"/> 10-12pm <input type="checkbox"/> 2-4pm	Contact person at Outlet: _____ Contact Number at Outlet: _____

4) Change of Merchant Business Contact*

Person-in-charge:	_____	Contact No:	_____	Email:	_____
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5) Change of New Business Name (ROC Number remains the same. Please provide a copy of ACRA that is dated less than 1 month of this request.)*

New Name:	_____
ROC Number:	_____

6) Change of Management (ROC Number remains the same. Please provide a copy of ACRA that is dated less than 1 month of this request.)*

New Name:	_____
ROC Number:	_____

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 Merchant General Information Update Form.

Signature of Authorized Signatory

Name:

Company Stamp:

FOR BANK USE ONLY

Received by: _____

Received date: _____

Processed date: _____

*Please tick accordingly.

*IPP – Instalment Payment Plan

Please take note that your request will be rejected if the form is incomplete or wrongly filled.

We will require 5 working days to process your request, upon submission together with the authorized sign-off.

Any amendments made are countersigned by the authorized signatory and correction fluid is not allowed.

*For Merchant leased terminal arrangement, please liaise directly with terminal vendor.