

Step 1: Complete the form in CAPS.

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

(e.g. ABC PTE LTD – Additional Terminal ; XYZ PTE LTD – Add on Facility)

MANDATORY FIELDS

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

Contact Email: _____ ROC Number: _____

1) Additional Terminal*

Indicate all Merchant ID(s) to tag onto the terminal	
Number of Terminals	
Type of Terminal*	<input type="checkbox"/> Wired <input type="checkbox"/> Wireless
Card Brands Required*	<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> JCB <input type="checkbox"/> CUP <input type="checkbox"/> Amex <input type="checkbox"/> Diners
Terminal Facility Required*	<input type="checkbox"/> Retail <input type="checkbox"/> Instalment Payment Plan (IPP) <input type="checkbox"/> DCC <input type="checkbox"/> MOTO
Loyalty*	<input type="checkbox"/> IRR <input type="checkbox"/> SMART\$ <input type="checkbox"/> Others: _____
Others	Any other cost may be applicable
Delivery Address	_____ _____ _____ S (_____)

Date (Monday-Friday, excluding PH), at least 5 working days from submission date & subject to availability: ____/____/____

Time*: 10-12pm 2-4pm Contact person at Outlet: _____ Contact Number at Outlet: _____

2) Add on Facility*

<input type="checkbox"/> JCB <input type="checkbox"/> CUP <input type="checkbox"/> Instalment Payment Plan <input type="checkbox"/> DCC <input type="checkbox"/> Ecommerce <input type="checkbox"/> MOTO <input type="checkbox"/> Others: _____ Amex (please contact them at 6392 2585) OR Diners (please contact them at 6416 0081)
Reason for applying: _____
_____ _____ UOB will get in touch with you in 3 working days.

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 Terminal/Facility Request Form.

Signature of Authorized Signatory

Name: _____

Company Stamp: _____

*Please tick if applicable.
Please take note that your request will be rejected if the form is incomplete or wrongly filled.
We will require 7 working days to process your additional terminal request, upon submission together with the authorized sign-off.