

Manual Refund / Manual Sales Adjustment Form

Step 1: Complete the form in CAPS.

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

For Manual Refund: e.g. ABC PTE LTD - MID 001-123456789 - Manual Refund

For Manual Sales: e.g. ABC PTE LTD - MID 001-123456789 - Manual Sales

For Manual Settlement: e.g. ABC PTE LTD - MID 001-123456789 - Manual Settlement

Please note that **ONLY ONE (1)** form per request is allowed.

MANDATORY FIELDS

Requestor Name: _____	Date of Request: _____
Contact Telephone: _____	Contact Email: _____
Merchant Name (as in ACRA): _____	ROC Number: _____

1) Refund to the following credit card holder*

Original Transaction UOB MID		Bank Terminal ID	
Credit Card Holder Name		Credit Card Number (last 4 digits)	
Date of Transaction (DD-MM-YYYY)		Time of Transaction (HH-MM)	
Approval Code (if applicable)		Merchant Discount Rate (MDR)	
Original Transaction Amount (in SGD)	SGD \$ _____	Original Transaction Amount (in Foreign Currency) – Currency: _____	Amount: \$ _____
Gross Amount to Refund Cardholder	<input type="checkbox"/> Partial <input type="checkbox"/> Full Currency: _____ Amount \$ _____		
Transaction Type	<input type="checkbox"/> Retail <input type="checkbox"/> IPP (EPP) <input type="checkbox"/> Mobile payment (eg: ApplePay, Samsung Pay, UOB Mighty Pay)		
For IPP Refund – to cancel existing IPP arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Attachment (Mandatory)	<input type="checkbox"/> Yes, a copy of the transaction slip is provided.		
Refund Deduction	<input type="checkbox"/> Deduct from my UOB Corporate Account: _____ (Please ensure that you have sufficient funds in your account for processing of manual refunds) OR <input type="checkbox"/> Cheque: Please find enclosed Cheque Number _____ of \$ _____ (Gross Refund Amount exclude MDR), made payable to UNITED OVERSEAS BANK LTD . Mail cheque and letter to: UOB Card Operations Processing Centre (Merchant Payment) Robinson Road P.O. Box 1688 Singapore 903338		

**Refund currency must be similar to the original currency selected by the cardholder at point of sales.

2) Manual charge to the following credit card holder*

Credit Card Holder Name		Credit Card Number (last 4 digits)	
Transaction Amount to Charge	\$ _____	Transaction Type	<input type="checkbox"/> Retail <input type="checkbox"/> IPP (EPP) (Tenure: _____ months)
Reasons for Manual Charge	<input type="checkbox"/> Undercharge <input type="checkbox"/> Terminal Error <input type="checkbox"/> Others: _____		
Attachment for Manual Charge (Mandatory)	Yes, I have included the following: <input type="checkbox"/> Credit card slip <input type="checkbox"/> In-house receipt / Itemized view <input type="checkbox"/> Tips adjustment		

3) Manual settlement*

Date of Transaction (DD-MM-YYYY)	
Reasons for Manual Settlement	
Attachment for Manual Settlement (Mandatory)	Yes, I have included the following: <input type="checkbox"/> All Credit card slip(s) <input type="checkbox"/> Service report from terminal vendor <input type="checkbox"/> Settlement report indicating settlement fail <input type="checkbox"/> Excel sheet showing with clear indications of tips amount to be charged to each transaction (For F&B only)

I understand that as the merchant, we would be fully liable should any chargeback or dispute arise from this manual charge/settlement to the cardholder(s). I am also fully aware that for late presentment cases, UOB may hold payment for 6 months.

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 Manual Refund & Manual Sales Adjustment 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.

To check for any updates on your request, please use the General Enquiries Form.