

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 – New outlet request)

### MANDATORY FIELDS

Requestor Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Merchant Name (as in ACRA): \_\_\_\_\_ ROC Number: \_\_\_\_\_

Is your Signboard Name registered with ACRA? <input type="checkbox"/> No <input type="checkbox"/> Yes, the ACRA Registration number is _____.	
<b>Doing Business As (DBA) Name on Receipt Header</b>	_____
<i>(Must NOT exceed 23 characters in length, including spaces)</i>	
<b>Outlet Address</b>	_____ _____ _____ S ( _____ )
<b>Mailing Address</b>	_____ _____ _____ S ( _____ )
<b>Contact Person</b>	_____
<b>Contact Number</b>	Office: _____ Mobile: _____
<b>Bank Code &amp; Account Number</b>	_____
<b>Number of Terminals</b>	_____
<b>Type of Terminal*</b>	<input type="checkbox"/> Wired <input type="checkbox"/> Wireless
<b>Card Brands Required*</b>	<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> JCB <input type="checkbox"/> CUP <input type="checkbox"/> Amex <input type="checkbox"/> Diners
<b>Terminal Facility Required*</b>	<input type="checkbox"/> Retail <input type="checkbox"/> Instalment Payment Plan (IPP) <input type="checkbox"/> DCC <input type="checkbox"/> MOTO
<b>Loyalty*</b>	<input type="checkbox"/> IRR <input type="checkbox"/> SMART\$ <input type="checkbox"/> Others: _____
<b>Preferred Installation Date (Monday to Friday only, excluding PH)</b>	_____/_____/_____ / _____/_____/_____
<b>Installation Time*</b>	<input type="checkbox"/> 10-12pm <input type="checkbox"/> 2-4pm
<b>Others</b>	Any other cost may be applicable. Weekend charges may apply, subject to availability.

*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 New Outlet 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 2-3 weeks to process your request, upon submission together with the authorized sign-off.