

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 – Retrieval of Terminal ; XYZ PTE LTD – Termination of Merchant Account)

MANDATORY FIELDS

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

Contact Email: _____

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

1) Retrieval of Terminal(s)* #

Terminal ID(s): _____ / _____ / _____ <small>(Please attach a separate sheet for more than 3 TIDs to be retrieved)</small>	No of Terminals: _____
Effective date of shop closure: ____ / ____ / ____ (if applicable)	
Reason for retrieval: _____ _____	
Retrieval Address	_____ Postal Code: S (_____)
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: _____	

2) Termination of Merchant Account (1 form per outlet)* #

Terminal ID(s): _____ / _____ / _____ <small>(Please attach a separate sheet for more than 3 TIDs to be retrieved)</small>	No of Terminals: _____
Effective date of merchant account closure: ____ / ____ / ____	
Supporting Documents	<input type="checkbox"/> Yes, a copy of termination letter (printed on letterhead) is attached.
Reason for retrieval: _____ _____	
Retrieval Address	_____ Postal Code: S (_____)
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: _____	

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 Retrieval of Terminal / Termination of Merchant Account Form.

Signature of Authorized Signatory

Name: _____

Company Stamp: _____

*Please tick accordingly.
We will require 7 working days to process your request, upon submission together with the authorized sign-off.
*For Merchant leased terminal arrangement, please liaise directly with terminal vendor.