


UOB ATM CARD

To: Robinson Road P O Box 1282 Singapore 902532

**APPLICATION FORM
(Company/Association)**
YOUR PARTICULARS

Name Of Company/Association	
Business Registration No.	
Account No.	

APPOINTING YOUR UOB ATM CARDHOLDER(S)

We appoint the person(s) named below to be the authorised UOB ATM cardholder(s):

	Cardholder 1	Cardholder 2	Cardholder 3
Name (as in NRIC/Passport*) (Dr/Mr/Miss/Mrs/Mdm*)	_____	_____	_____
NRIC/Passport No.*	_____	_____	_____
Preferred Language For ATM Instructions [Please tick (✓) one only for each cardholder]	<input type="checkbox"/> English <input type="checkbox"/> Chinese	<input type="checkbox"/> English <input type="checkbox"/> Chinese	<input type="checkbox"/> English <input type="checkbox"/> Chinese

SELECTING YOUR UOB ATM SERVICE (S) [Please tick (✓) a maximum of 4 service options only for each card]

	For Bank Use Only (1ACORP8)	For Bank Use Only (1ACORP8)	For Bank Use Only (1ACORP8)
(a) CashCard Top-Up At EFT POS & CashCard Refund Transaction Limit S\$50 Daily S\$3,000 Monthly S\$5,000 Please note that customisation of limits is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) CashCard Top-Up At EFTPOS / ATM & CashCard Refund Limit Daily Monthly ATM S\$3,000 S\$6,000 EFTPOS S\$2,000 S\$4,000 Please note that customisation of limits is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Statement Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Balance Enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Fast Cash Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, Uniflash Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal Limits			
Daily ATM Limit S\$3,000 default S\$3,000 maximum	S\$ <input type="text"/>	S\$ <input type="text"/>	S\$ <input type="text"/>
Daily NETS Limit S\$2,000 default S\$2,000 maximum	S\$ <input type="text"/>	S\$ <input type="text"/>	S\$ <input type="text"/>
Daily Uniflash Limit S\$10,000 default S\$10,000 maximum	S\$ <input type="text"/>	S\$ <input type="text"/>	S\$ <input type="text"/>
Monthly Card Limit S\$10,000 default S\$60,000 maximum	S\$ <input type="text"/>	S\$ <input type="text"/>	S\$ <input type="text"/>
Note: If you prefer a customisation of limits, please indicate your preferred limit. Otherwise, the default limit will apply.			
Cardholder's Signature	_____	_____	_____

AUTHORISATION & AGREEMENT

Please issue UOB ATM card(s) to the person(s) named above. I/We, being duly appointed by a resolution of the Board of Directors of the Company/being the sole proprietor/partner(s) of the Company, confirm that I/we have received, read and understood and that I/we agree to be bound by the Bank's prevailing Terms and Conditions governing the use of the ATM Card and PIN. I/We consent to the disclosure of particulars of the account stated above to third parties in transactions effected, processed through or involving such third parties. A certified copy of the Company's resolution is enclosed (where applicable).

Authorised Signature(s) _____

Date _____

Note: For Company accounts, authorised signatories are required.

FOR BANK USE ONLY

Card Number Issued _____	Card Activation Authorised By _____
Signature(s)/Particulars/PIN Select Verified And Authorised By _____	Signature & Name _____
Signature & Name _____	Date _____

* Please delete where inapplicable.