


UOB ATM CARD
INFORMATION UPDATE FORM
 (Company/Association)

To: Robinson Road P.O Box 1282 Singapore 902532

YOUR PARTICULARS

Name Of Company/Association	<input type="text"/>
Business Registration No.	<input type="text"/>
Account No.	<input type="text"/>

EXISTING CARD HOLDER

Name (as in NRIC/Passport*) (Dr/Mr/Miss/Mrs/Mdm*)	<input type="text"/>
NRIC/Passport No.*	<input type="text"/>

CARD REPLACEMENT (Please tick (✓) one only)

<input type="checkbox"/> PIN Forgotten	<input type="checkbox"/> Card Faulty/Damaged	<input type="checkbox"/> Card Lost • Police report made	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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LANGUAGE / SERVICE OPTIONS

Preferred Language For ATM Instructions [Please tick (✓) one only for each cardholder]	<input type="checkbox"/> English <input type="checkbox"/> Chinese
Service Option (Please tick (✓) a maximum of 4 service options) (a) CashCard Top-Up At EFTPOS & CashCard Refund Transaction Limit S\$50 Daily S\$3,000 Monthly S\$5,000 Please note that customisation of limits is not available.	For Bank Use Only <input type="checkbox"/> (1ACORP8)
(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	<input type="checkbox"/> (1ACTOP1)
(c) Statement Request	<input type="checkbox"/> (1ACORP6)
(d) Balance Enquiry	<input type="checkbox"/> (1ACORP7)
(e) Fast Cash Deposit	<input type="checkbox"/> (1ACORP1)
(f) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, Uniflash Withdrawal Withdrawal Limits Daily ATM Limit S\$3,000 default S\$3,000 maximum Daily NETS Limit S\$2,000 default S\$2,000 maximum Daily Uniflash Limit S\$10,000 default S\$10,000 maximum Monthly Card Limit S\$10,000 default S\$60,000 maximum Note: If you prefer a customisation of limits, please indicate your preferred limit. Otherwise, the default limit will apply.	<input type="checkbox"/> (1BIZN) S\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> S\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> S\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> S\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's Signature	<input type="text"/>

TERMINATE MY ATM CARD SERVICE

<input type="checkbox"/> Terminate my ATM Card Service
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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
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Note: For Company accounts, authorised signatories are required.

FOR BANK USE ONLY

Card Number Issued <input type="text"/> Signature(s)/Particulars/PIN Select Verified And Authorised By Signature & Name _____ Date _____	Card Activation Authorised By Signature & Name _____ Date _____
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* Please delete where inapplicable.