

## BULK SERVICES REGISTRATION FORM

<b>Please complete the registration form and send to Cash Management Services Division, United Overseas Bank Limited, 80 Raffles Place #05-00, UOB Plaza 2, Singapore 048624.</b>		
Name of * Company / Association / Club / Society:		* Company / Association / Club / Society Registration No:
Address of * Company / Association / Club / Society:		
Name of Contact Person (* Mr / Mrs / Ms / Mdm / Dr):		Designation:
Email:	Contact Tel:	Mobile No:
<b>MODE (tick one):</b> <input type="checkbox"/> <b>Electronic Bulk Service</b> – fill up <u>ONLY</u> sections 1, 2, 4, 5, 6 and 7 <input type="checkbox"/> <b>IBG Diskette Service</b> – fill up <u>ONLY</u> sections 3, 4, 5, 6 and 7		
<b>(1) APPOINTED AUTHORISED USER(S) (FOR ELECTRONIC BULK SERVICE ONLY)</b>		
We appoint the person(s) named below to receive the access code to operate the designated and/or linked accounts via the UOB CMS – Electronic Bulk Service on behalf of the * Company / Association / Club / Society.		
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No:      Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No:      Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No:      Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No:      Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
<b>(2) NOTIFICATION BY (FOR ELECTRONIC BULK SERVICE ONLY)</b>		
Email Address 1:	Name:	
Email Address 2:	Name:	
SMS (Mobile No):	Name:	
<b>(3) PERSONS AUTHORISED TO RECEIVE/COLLECT IBG DISKETTE (FOR IBG DISKETTE SERVICE ONLY)</b>		
1) Name:	NRIC:	Signature:
2) Name:	NRIC:	Signature:
3) Name:	NRIC:	Signature:
4) Name:	NRIC:	Signature:

\* Delete where applicable

**Please turn over to page 2**



**(4) MAIN DESIGNATED ACCOUNT**

Main Designated Account No: \_\_\_\_\_

**(5) OTHER ORIGINATING ACCOUNT(S)**

Please list Account No(s) if you require other company accounts to be used as originating accounts: \_\_\_\_\_

**(6) SERVICE START DATE**

Expected start date (DD/MM/YYYY): \_\_\_\_\_

**(7) AGREEMENT**

\* I/We agree to be bound by the Bank's Terms and Conditions of the UOB CMS – Bulk Services, copies of which have been given to \* me/us. \* I/We agree that the use of the UOB CMS – Bulk Services is subject to the aforesaid terms and conditions and as amended from time to time.

\_\_\_\_\_  
Authorised Signature(s) and \* Company / Association / Club / Society's Stamp

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name(s):

\_\_\_\_\_  
Designation(s):

\* Delete where applicable

**FOR BANK USE ONLY**

**Recommendations and comments by Branch/RM:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

**Branch**

Signature and other particulars verified by :

\_\_\_\_\_  
Authorised Signature / Branch Stamp

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

**CMS**

Approved by :

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

Remarks: Normal / \_\_\_\_\_