


**UNITED OVERSEAS BANK LIMITED ("UOB")**
**ATM CARD MAINTENANCE FORM**

 To: CMOC ESERVICES FORMS PROCESSING TEAM, BRAS BASAH POST OFFICE, PO BOX 106,  
 SINGAPORE 911804

 (Corporation/Sole Proprietorship/Limited Liability Partnership/  
 Partnership/Society/Association/Club/Management Corporation)

**PARTICULARS OF APPLICANT**

Name Of Applicant	_____ _____											
Business Registration Number	_____ _____											
Account Number	S G D _____ - _____ - _____											

**EXISTING ATM CARDHOLDER** (\* Please delete where inapplicable.)

Name (as in NRIC/Passport*): (Dr/Mr/Miss/Mrs/Mdm*)	_____ _____											
NRIC/FIN/Passport No. :	_____ _____											
ATM Card No. :	_____ _____											

**PLEASE REPLACE THE CARDHOLDER'S CARD DUE TO:** (Please tick (✓) one only)

<input type="checkbox"/> Invalid / Forgotten PIN No.	<input type="checkbox"/> Faulty/Damaged Card	<input type="checkbox"/> Lost Card	<input type="checkbox"/> Others _____
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**PREFERRED LANGUAGE / SERVICE OPTIONS** (Information provided in this section will supercede the previous instructions)

<b>Preferred Language For ATM Instructions</b>			<input type="checkbox"/> English <input type="checkbox"/> Chinese	
<b>Service Option (Please tick (✓) a maximum of 4 service options)</b>				
(a) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, Uniflash Withdrawal				
	<u>Withdrawal Limits</u>			
Daily ATM Limit	S\$3,000 default	S\$50,000 maximum	S\$	<input type="checkbox"/> (1BIZN) <input type="checkbox"/> (2BIZN)
Daily NETS Limit	S\$2,000 default	S\$2,000 maximum	S\$	<input type="checkbox"/> _____ . 0 0 <input type="checkbox"/> _____ . 0 0
Daily Uniflash Limit	S\$10,000 default	S\$10,000 maximum	S\$	<input type="checkbox"/> _____ . 0 0 <input type="checkbox"/> _____ . 0 0
Monthly Card Limit	S\$10,000 default	S\$100,000 maximum	S\$	<input type="checkbox"/> _____ . 0 0 <input type="checkbox"/> _____ . 0 0
Note: If you prefer a customisation of limits, please indicate your preferred limit. Otherwise, the default limit will apply.				
(b) CashCard Top-Up At EFTPOS & CashCard Refund				
Transaction Limit	S\$50			
Daily	S\$3,000			<input type="checkbox"/> (1ACORP8)
Monthly	S\$5,000	Please note that customisation of limits is not available.		
(c) CashCard Top-Up At EFTPOS / ATM & CashCard Refund				
	<u>ATM</u>	<u>EFTPOS</u>		
Daily Maximum Limit	S\$3,000	S\$2,000		<input type="checkbox"/> (1ACTOP1)
Monthly Maximum Limit	S\$6,000	S\$4,000	Please note that customisation of limits is not available.	
(d) Statement Request				
			<input type="checkbox"/>	(1ACORP6)
(e) Balance Enquiry				
			<input type="checkbox"/>	(1ACORP7)

**ATM CARD ACTIVATION / TERMINATION / OTHERS**

<input type="checkbox"/> Activate my ATM Card Service	<input type="checkbox"/> Terminate my ATM Card Service	<input type="checkbox"/> Others _____
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**AUTHORISATION & AGREEMENT**

I/We, on behalf of the Applicant, hereby:-

- request the changes or amendments set out above to be made.
- confirm that I/we have obtained the UOB Terms and Conditions Governing Accounts and Services at uob.com.sg and have read, understood and agreed to be bound by all the terms therein and any amendment or variation thereof.
- confirm that I/we have read and understood the terms and conditions applicable to each of the services that I/we have applied for, and agreed to be bound by such terms and conditions and any amendment or variation thereof.
- confirm that the ATM Cardholders named herein is authorised to operate and utilise any of the services provided to the Applicant through the ATM Card and that the transaction limit conferred on the ATM Cardholder as set out in this application shall apply in this respect. I/We confirm that if I/we do not indicate the transaction limit, the default maximum limit stated herein shall apply to the ATM Cardholder's limit.
- authorise the Bank to issue the ATM Card(s) and PIN(s) to the ATM Cardholder, where applicable.
- confirm that, in the event of any change of authorised ATM Cardholder, I/we shall revoke the authority of the relevant ATM Cardholder through the submission of a request, instruction or relevant maintenance form to the Bank.
- authorise the Bank to debit all fees, administration and service charges in connection with this application and/or use of the ATM Services and ATM Card.
- agree to indemnify and hold harmless the Bank from and against any and all costs, claims, demands, losses, charges and expenses howsoever and of whatsoever nature which the Bank may sustain, incur or be liable for in connection with or arising as a consequence of this or any earlier application for, the use of the ATM Services and ATM Card.
- confirm that all the information provided herein is true and accurate to the best of my/our knowledge as at the date of this application.

_____ Authorised Signature Name: Date:	_____ Authorised Signature Name: Date:
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 Note: ATM cardholder's signature is acceptable for request to change language, replacement without change of service option, card activation and termination.

**FOR BANK USE ONLY**

Attended By:	Received By:	Signature Verified:	Processed By:	Approved By:	Remarks:
_____	_____	_____	_____	_____	_____
Name and Signature	Name and Signature	Name and Signature	Name and Signature	Name and Signature	
Date:	Date:	Date:	Date:	Date:	