☰☰ UOB

UOB CORPORATE DEPOSIT CARD SERVICE

MAINTENANCE

IMPORTANT NOTE: All fields are compulsory unless otherwise stated.
Delete where inapplicable.

PART 1 : Customer Particulars

Name of Company / Association / Club / Society	Company Registration Number:
Contact Person (Dr / Mdm / Mr / Mrs / Ms *):	Contact Number:

PART 2 : Existing Designated Account

Please complete the Account Number assigned to the Deposit Card(s).

SGD ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐

PART 3 : Terminate Service

☐ I/We wish to terminate all the Corporate Deposit Cards linked to the designated account indicated above.

PART 4 : Deposit Card Details

Activate Card
- Complete the Card Number of the new Deposit Card(s) that have been issued to your company.

Cancellation
- Complete the Card Number of the existing Deposit Card(s) that you want to cancel.
- Once the card is cancelled, you may apply for a new Deposit card with the same Deposit Reference.

Replacement
- Complete the Card Number of the existing Deposit Card(s) for replacement. A new card with the same Deposit Reference will be issued.
- For replacement of Deposit Card other than Lost or Damaged, please state reason.
- For change of Deposit Reference, please apply for a new card and cancel the existing card.

Please tick only one option for each Deposit Card.

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

Card Number
☐☐☐☐☐☐☐   ☐ Activate Card   ☐ Cancel Card   ☐ Replace Card - Lost or Damaged
Others : state reason_____

PART 4 : Authorisation and Agreement

By signing below, I/We hereby : -

1. request the changes or amendments set out above to be made for the use of UOB Corporate Deposit Card Service.
2. authorise the use of UOB Corporate Deposit Card by any of our staff, employees or authorised personnel.
3. authorise any one Approved Person to activate the use of the UOB Corporate Deposit Card prior to usage.
4. 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 UOB Corporate Deposit Card.
5. agree that the Bank may contact the Contact Person stated in this form for any matters relating to the application of the UOB Corporate Deposit Card Service.
6. agree to be bound by the Bank's Terms and Conditions governing UOB Corporate Deposit Card Service and as amended or supplemented from time to time (available at uob.com.sg).

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_____	_____
Authorised Person's Name	Signature	Authorised Person's Name	Signature
_ _ _ _ _ _ _ _ _ _ _	_____	_____	_____
Designation	Date	Designation	Date

IMPORTANT NOTES

- The Bank will take at least five (5) business days from the date of its receipt to process this application and to mail the Deposit Cards to the mailing address of the designated account. Please call us at 1800 226 6121 (from Mondays to Fridays 9am – 6.30pm excluding public holidays) if you do not receive the Deposit Card after five business days.

- All Pages of any attachment accompanying this UOB Corporate Deposit Card Service maintenance form must be signed by the authorized person(s).

FOR BANK USE ONLY

Attended By:	Received By:	Signature(s) Verified By:	Processed By:	Approved By:
Name/Initial/Date	Name/Initial/Date	Name/Initial/Date	Name/Initial/Date	Name/Initial/Date

Special Instructions :