

Step 1: Complete the form in CAPITAL LETTERS and sign off by Authorized Signatory
 Step 2: Email to Merchant.MgtAcquiring@UOBgroup.com with the subject header as follows:
 (e.g. ABC PTE LTD – Retrieval of Terminal ; XYZ PTE LTD – Termination of Merchant Relationship)

MANDATORY FIELDS

REQUESTOR NAME : _____	DATE OF REQUEST : _____
MERCHANT NAME : _____ (as in ACRA)	ROC NUMBER : _____
CONTACT EMAIL : _____	CONTACT NUMBER : _____

1) RETRIEVAL OF TERMINAL(s)

Indicate Merchant ID(s)			
Indicate all Terminal ID(s)		Number of Terminal(s) to retrieve*	
(Please indicate ALL 15 DIGIT MIDs (eg, VISA/MASTER/JCB/IPP/E-COM) and 8 DIGIT TIDs. Do attach a separate sheet for more than 1 set of MIDs)			
Retrieval Address			
Retrieval Date^ : ____/____/____	Time : <input type="checkbox"/> 9am – 12pm <input type="checkbox"/> 12pm – 3pm <input type="checkbox"/> 3pm - 5pm		
^Monday–Friday, excluding PH), at least 5 working days from submission date & subject to availability, any other cost may be applicable.			
*For merchant leased terminal, please liaise with the respective terminal vendor directly.			
Name of Contact Person at Outlet: _____	Contact Number at Outlet: _____		
Reason for retrieval	<input type="checkbox"/> Shop Closure <input type="checkbox"/> Change of terminal model <input type="checkbox"/> Others: _____		

2) TERMINATION OF MERCHANT RELATIONSHIP

Indicate all Merchant ID(s)			
Indicate all Terminal ID(s)		Number of Terminal(s) to retrieve*	
(Please indicate ALL 15 DIGIT MIDs (eg, VISA/MASTER/JCB/IPP/E-COM) and 8 DIGIT TIDs. Do attach a separate sheet for more than 1 set of MIDs)			
Supporting Documents (Mandatory)	<input type="checkbox"/> Yes, a copy of termination letter (printed on your company letterhead) is attached.		
Retrieval Address			
Retrieval Date^ : ____/____/____	Time : <input type="checkbox"/> 9am – 12pm <input type="checkbox"/> 12pm – 3pm <input type="checkbox"/> 3pm - 5pm		
^Monday–Friday, excluding PH), at least 5 working days from submission date & subject to availability, any other cost may be applicable.			
*For merchant leased terminal, please liaise with the respective terminal vendor directly.			
Name of Contact Person at Outlet: _____	Contact Number at Outlet: _____		
Reason for termination			

All representations made by, and undertakings and indemnities given by the Merchant to the Bank in the Indemnity For Taking and Accepting Instructions By Email are deemed to be repeated by the Merchant and shall apply to this Retrieval of Terminal / Termination Form.

SIGNATURE OF AUTHORIZED SIGNATURE

NAME