

Please complete this form and mail it back to us at:
UOB eService Forms Processing, Bras Basah Post Office P.O. Box 106 Singapore 911804


COMPANY PARTICULARS ("APPLICANT")

Registered Name	Business Registration No. (UEN)
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CARDUSER PARTICULARS

Name as in NRIC/Passport	NRIC/Passport No.
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Business Debit Card No.

5	5	9	2
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MAINTENANCE REQUEST FOR ATM SERVICE

Please select a maximum of 3 service options only. The selection below will supersede your current Business Debit Card ATM services (Note: If more than 3 services are chosen, only the first 3 options will be processed).

<input type="checkbox"/> (a) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, UniFlash Withdrawal, CashCard Top-Up at EFTPOS/ATM & CashCard Refund (IBIZTOP) <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Withdrawal Limits</th> <th>Default</th> <th>Maximum</th> <th>Please indicate customised limits (2BIZTOP)</th> </tr> </thead> <tbody> <tr> <td>Daily ATM Limit</td> <td>S\$5,000</td> <td>S\$50,000</td> <td>S\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td></tr></table> .00</td> </tr> <tr> <td>Daily NETS Limit</td> <td>S\$2,000</td> <td>S\$2,000</td> <td>S\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td></tr></table> .00</td> </tr> <tr> <td>Daily UniFlash Limit</td> <td>S\$10,000</td> <td>S\$10,000</td> <td>S\$ <table border="1" style="display: inline-table; 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AUTHORISATION & AGREEMENT

I/We hereby agree and represent to the Bank that the particulars and information provided by me/us in this form and any other document are complete, true and accurate. I/We have read, understood and agree to be bound by the prevailing UOB Business Debit Cardmember Agreement and UOB Terms and Conditions Governing Account and Services. I/We understand that you have the right not to approve this application at your absolute discretion without assigning any reason whatsoever.

Name and Signature of Authorised Person(s)* Date _____
Name and Signature of Authorised Person(s)* Date

*To be signed by Approved Person(s) appointed under the Accounts and Services Resolution (ASR) or by persons authorised under Board Resolution/Minutes of Meeting to apply for UOB Business Debit Card.

FOR BANK USE ONLY

Attended by:	Signature Verified by: <input type="checkbox"/> ASR	Approved by:
Signature & Name Date	Signature & Name Date	Signature & Name Date