



MERCHANT GENERAL INFORMATION UPDATE FORM

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 - Change of DBA Name ; XYZ PTE LTD - Change of outlet address)

MANDATORY FIELDS

REQUESTOR NAME : _____ DATE OF REQUEST : _____
MERCHANT NAME : _____ ROC NUMBER : _____
(as in ACRA)
CONTACT EMAIL : _____ CONTACT NUMBER : _____
Indicate all Merchant ID(s) to be updated : _____
(Please indicate ALL 15 DIGIT MIDs (eg, VISA/MASTER/JCB/IPP/E-COM) and attach a separate sheet for more than 1 set of MIDs)

1) CHANGE OF DOING BUSINESS AS NAME (DBA) NAME

DBA NAME : [Grid for DBA name input]

(Must NOT exceed 23 characters in length, including spaces)

Is the DBA name registered with ACRA? [] No [] Yes, the ACRA Registration Number is _____

2) CHANGE OF OUTLET ADDRESS

Address : _____

3) PREFERRED TERMINAL RE-PROGRAMMING TIME SLOT* (Applicable for Item 1 and/or Item 2)

Name of Contact Person at Outlet: _____ Contact Number at Outlet: _____

Reprogramming Date^ : ____/____/____ Time : [] 9am - 12pm [] 12pm - 3pm [] 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 for Item 3.

4) CHANGE OF MERCHANT BUSINESS CONTACT

(Please submit the Merchant Update of Authorized Signatory Form to update the Authorized Signatory registered with Merchant Team. Do provide copies of identification document and proof of residential address of Authorized Party(ies) as part of regulatory compliance.)

Name of Person: _____ Contact Number: _____ Function: _____

Email: _____

5) CHANGE OF BUSINESS NAME [] 6) CHANGE OF MANAGEMENT

Merchant Name : _____

(Please provide a copy of ACRA that is dated less than 1 month for this request)

ROC Number : _____

All representations made by, and undertakings and indemnities given by the Merchant to the Bank in the Indemnity For Taking and Accepting Instructions By Facsimile, Telex and Email are deemed to be repeated by the Merchant and shall apply to this Merchant General Information Update Form.

SIGNATURE OF AUTHORIZED SIGNATURE

NAME

COMPANY STAMP

We will require 5 working days to process your request, upon submission with correct details and sign-off by the Authorized Signatory registered with Merchant Team. Please take note that your request will be rejected if the form is incomplete or wrongly filled.