⊞ UOB   RETRIEVAL OF TERMINAL / TERMINATION 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 – 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 :   ☐ 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.

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

Reason for retrieval	☐ Shop Closure (Do note that the respective MID will be deactivated with effective from date of shop closure: _____/_____/_____) ☐ 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)**	☐ Yes, a copy of termination letter (printed on your company letterhead) is attached. (Do note that all MIDs/TIDs will be deactivated with effective from date of termination: _____/_____/_____)
Retrieval Address	

Retrieval 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.

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

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 Retrieval of Terminal / Termination 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.