



## **UOB Phone Banking**

**Application Form** 

To: Privy Box No. 920967 Singapore 929292																		(F	ers	ional)
Your Particulars																				
Name (as in NRIC/Passport*)																				
(Dr/Mr/Miss/Mrs/Mdm*)						I					1		1	1			I			1 1
NRIC/Passport No.*		ĺ			İ	1		l	i	Ì	i	i	i	i	İ	İ	i			<u> </u>
Linking Your Account(S)																				
Please link my following account(s) for UOB	phone	e banl	kina:																	
Account No.	p												Acc	ount l	No.					
				- 1					1				1	1					1	
	İ	İ	i						Ī	i	i	i	i	i	i	i	ī	i	_	
Your Bill Payment Arrangements																				
I wish to reduce my total bill payment limit fro	m the	defau	ult lin	nit of	S\$20	,000 t	:o S\$							per	calen	dar m	nonth	per A	cces	s Code.
Please note that there is a maximum limit of S\$20,000 for total bill payment per calendar month per Access Code for UOB phone banking.																				
The Bank has a list of Payee Corporations, t consumer reference number provided by the												Please	e com	plete	the fo	llowir	ng if y	our a	ccou	nt/
Name Of Corporation										1	1									
·								Ì		ĺ	Ī	Ī								
Account/Consumer Reference No.		i		 				1			i	i	i	<u>.                                      </u>	İ	<u>.                                      </u>	<u> </u>		1	
				<u> </u>	1	1	<u> </u>								1	1	_			
Corporation Code (For Bank Use Only)					<u> </u>	_		1	i	1	1	1	1	1	1	1		1	1	1 1
Name Of Corporation				<u>                                     </u>		1		<u> </u>				1			1				1	
												<u> </u>								
Account/Consumer Reference No.																	_			
Corporation Code (For Bank Use Only)																				
Name Of Corporation																				
Account/Consumer Reference No.								1												
Corporation Code (For Bank Use Only)		ĺ				1											-			
Your Funds Transfer Arrangements																				
I nominate my following bank account(s) ma	intaine	d wit	h the	e UOI	3 Gro	up foi	r third	d pa	rty fun	ds tra	nsfers	S:								
Nominated Third Party Account T														ccou						
									L										_	
Please note that there is a maximum limit of S\$3,00	00 per d	lebitin	g acc	ount	per da	y for tl	hird p	arty	funds t	ransfei	rs usin	g UOI	B phor	ne banl	king.					
Authorisation & Agreement  (For Funds Transfer Arrangements Only)																				
I hereby request and authorise the Bank to link t	he third	d party	/ acc	ount(	s) to n	ту Асс	ess C	Code	to ena	ıble m	e to pe	erform	n funds	s trans	fers fr	om m	y UOF	3 Gro	up acc	count(s)
maintained with the UOB Group to my nominat and there has been no Statutory Demand serv	ted third	d part	ty aco	count	(s) us	ing the	e UO	B pl	none ba	anking	servi	ce. I	confire	n that	l am	not ar	i undi	schar	ged b	ankrupt
acknowledge that the Bank reserves the right to	o reject	my a	pplic	ation	witho	ut givi	ng ar	ny re	ason.		,			,					• •	
I agree to indemnify the Bank from and against the Bank, pursuant to this or any earlier applica or activated the same (as the case may be).																				
I confirm that I have received, read and unders that the use of the UOB phone banking service																				
absolute discretion and from time to time, make		,											(-) -		(-)					,,
								_				_								
Authorised Signature	a hank	-ee:										D	ate							
Thumbprints (if any) must be affixed in the presence of Please bring your NRIC/Passport for identification purp		omcer.																		
For Bank Use Only		٥.			c	D								-1.5						
Attended By		Sig	natu	re Ve	rified	ву						Ap	prove	еа Ву						
Signature & Name Date		Sig	natu	re &	Name	;			Date			Sie	gnatu	re & N	lame			[	ate	

CCS-11/F (R4.25)

<sup>\*</sup> Please delete where inapplicable.