



**UOB PHONE BANKING**

**APPLICATION FORM**

To: Bras Basah P O Box 106 Singapore 911804

**(Company/Limited Liability Partnership/Association)**

**YOUR PARTICULARS**

Please submit a certified extract of your Board (or equivalent) Resolutions in the format enclosed.

Name Of Company/LLP/Association

Business Registration No.

**APPOINTING YOUR ACCESS CODE HOLDER(S)**

We appoint the person(s) named below to receive the Access Code to operate the UOB corporate phone banking service on our behalf:

**First Access Code Holder**

Name Of Access Code Holder (Dr/Mr/Miss/Mrs/Mdm\*)

NRIC/Passport No.\*

The account(s) to be linked for access to the UOB corporate phone banking service is/are:

Account No.  Account No.

Account No.  Account No.

Signature Of Access Code Holder \_\_\_\_\_ Date \_\_\_\_\_

**Second Access Code Holder**

Name Of Access Code Holder (Dr/Mr/Miss/Mrs/Mdm\*)

NRIC/Passport No.\*

The account(s) to be linked for access to the UOB corporate phone banking service is/are:

Account No.  Account No.

Account No.  Account No.

Signature Of Access Code Holder \_\_\_\_\_ Date \_\_\_\_\_

**Third Access Code Holder**

Name Of Access Code Holder (Dr/Mr/Miss/Mrs/Mdm\*)

NRIC/Passport No.\*

The account(s) to be linked for access to the UOB corporate phone banking service is/are:

Account No.  Account No.

Account No.  Account No.

Signature Of Access Code Holder \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORISATION & AGREEMENT**

In consideration of the Bank accepting our application above, we confirm that we remain responsible for all transactions made with the PIN. We agree to indemnify the Bank from and against all claims, demands, losses, charges and expenses which the Bank may sustain, incur or be liable for as a result of the Bank, pursuant to this or any earlier application, issuing to us the PIN or the replacement PIN or activating or re-activating our Access Code or having issued or activated the same (as the case may be).

We confirm that we have received, read and understood and that we agree to be bound by the UOB Terms and Conditions Governing Accounts and Services. We agree that the use of the UOB corporate phone banking service is subject to these Terms and Conditions and to such amendment(s) or addition(s) thereto as the Bank may, at its absolute discretion and from time to time, make.

\_\_\_\_\_  
Authorised Signature(s) and \*Company / Limited Liability Partnership / Association / Club / Society's Stamp

\_\_\_\_\_  
Date

Note: For Company accounts, authorised signatories are required.

**FOR BANK USE ONLY**

Attended By \_\_\_\_\_  
Signature & Name Date

Signature(s) Verified By \_\_\_\_\_  
Signature & Name Date

Approved By \_\_\_\_\_  
Signature & Name Date

\* Please delete where inapplicable.