


**UNITED OVERSEAS BANK LIMITED ("UOB")**

To: CMOE ESERVICES FORMS PROCESSING TEAM, BRAS BASAH POST OFFICE, PO BOX 106, SINGAPORE 911804

**ATM CARD APPLICATION FORM**

(Corporation/Sole Proprietorship/Limited Liability Partnership/ Partnership/Society/Association/Club/Management Corporation)

**PARTICULARS OF APPLICANT**

Name Of Applicant	[Grid for Name]														
Business Registration Number	[Grid for Business Registration Number]														
Account Number	S	G	D	[Grid]	-	[Grid]	-	[Grid]	-	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]	[Grid]

**APPOINTMENT OF ATM CARDHOLDER(S) (\* Please delete where inapplicable.)**

We appoint the person(s) named below to be the authorised UOB ATM cardholder(s):

	Cardholder 1	Cardholder 2
Name (as in NRIC/Passport*) (Dr/Mr/Miss/Mrs/Mdm*)	_____	_____
Preferred name (19 characters including spaces) (optional)	_____	_____
NRIC/FIN/Passport No.*	_____	_____
Preferred Language For ATM Instructions [Please tick one only for each ATM cardholder. Default language is 'English'.]	<input type="checkbox"/> English <input type="checkbox"/> Chinese	<input type="checkbox"/> English <input type="checkbox"/> Chinese

**SELECTION OF ATM CARD SERVICE(S) [Please tick (✓) - a maximum of 4 service options only for each card]**

(a) <u>Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, Uniflash Withdrawal</u> <u>Withdrawal Limits</u> Daily ATM Limit      S\$3,000 default      S\$50,000 maximum Daily NETS Limit      S\$2,000 default      S\$2,000 maximum Daily Uniflash Limit      S\$10,000 default      S\$10,000 maximum Monthly Card Limit      S\$10,000 default      S\$100,000 maximum Note: If you prefer a customisation of limits, please indicate your limit. Otherwise the default limit will apply.	<input type="checkbox"/> (1BIZN) <input type="checkbox"/> (2BIZN)	<input type="checkbox"/> (1BIZN) <input type="checkbox"/> (2BIZN)
(b) <u>CashCard Top-Up At EFTPOS &amp; CashCard Refund</u> Transaction Limit      S\$50 Daily Maximum Limit      S\$3,000 Monthly Maximum Limit      S\$5,000 Please note that customisation of limits is not available.	<input type="checkbox"/> (1ACORP8)	<input type="checkbox"/> (1ACORP8)
(c) <u>CashCard Top-Up At EFTPOS / ATM &amp; CashCard Refund</u> Daily Maximum Limit      ATM      EFTPOS S\$3,000      S\$2,000 Monthly Maximum Limit      S\$6,000      S\$4,000	<input type="checkbox"/> (1ACTOP1)	<input type="checkbox"/> (1ACTOP1)
(d) <u>Statement Request</u>	<input type="checkbox"/> (1ACORP6)	<input type="checkbox"/> (1ACORP6)
(e) <u>Balance Enquiry</u>	<input type="checkbox"/> (1ACORP7)	<input type="checkbox"/> (1ACORP7)
<b>ATM Cardholder's Signature</b>	_____	_____

**AUTHORISATION & AGREEMENT**

I/We, on behalf of the Applicant, hereby:-

- apply for the use of ATM Services on the terms of the UOB Terms and Conditions Governing Accounts and Services and the terms and notes stated in this form.
- confirm that I/we have obtained the UOB Terms and Conditions Governing Accounts and Services at uob.com.sg and have read, understood and agreed to be bound by all the terms therein and any amendment or variation thereof.
- confirm that I/we have read and understood the terms and conditions applicable to each of the services that I/we have applied for, and agreed to be bound by such terms and conditions and any amendment or variation thereof.
- confirm that each of the ATM Cardholder named herein is authorised to operate and utilise any of the services provided to the Applicant through the ATM Card and that the transaction limit conferred on the ATM Cardholder as set out in this application shall apply in this respect. I/We confirm that if I/we do not indicate the transaction limit, the default maximum limit stated herein shall apply to the ATM Cardholder's limit.
- authorise the Bank to issue the ATM Card(s) and PIN(s) to the ATM Cardholder, where applicable.
- confirm that, in the event of any change of the authorised ATM Cardholder, I/we shall revoke the authority of the relevant ATM Cardholder through the submission of a request, instruction or relevant maintenance form to the Bank.
- authorise the Bank to debit all subscription fees, administration and service charges in connection with this application and/or use of the ATM Services and ATM Card to the Applicant's account(s).
- authorise the ATM Cardholder(s) to acknowledge receipt of the ATM Card(s) and PIN(s) and to agree to be bound by the Bank's terms and conditions for their use, on behalf of the Applicant.
- agree to indemnify and hold harmless the Bank from and against all costs, claims, demands, losses, charges and expenses howsoever and of whatsoever nature which the Bank may sustain, incur or be liable for in connection with or arising as a consequence of this or any earlier application for, the use of the ATM Services and ATM Card.
- confirm that all the information provided herein is true and accurate to the best of my/our knowledge as at the date of this application.
- enclose a certified true copy of the Applicant's board (or equivalent) resolution.

 Authorised Signature  
 Name:  
 Date:

 Authorised Signature  
 Name:  
 Date:

**FOR BANK USE ONLY**

Attended By:	Received By:	Signature Verified By:	Processed By:	Approved By:	Remarks:
Name and Signature	Name and Signature	Name and Signature	Name and Signature	Name and Signature	
Date:	Date:	Date:	Date:	Date:	