



UOB FILE TRANSFER SERVICE AFFILIATE FORM

Please (✓) the appropriate boxes.

New Registration Maintenance (Amendment - Addition / Deletion)

IMPORTANT NOTE: All fields are compulsory unless otherwise stated.

PART 1: PARTICULARS OF APPLICANT						
Name of Applicant				Business Registration Number		
Address				Applicant's UOB Bank		
Primary Entity Details (Entity to which the Applicant is affiliated)						
Name of Primary Entity				Primary Entity's Account *		
Primary Entity's Business Registration Number				Principal UOB Bank**		
PART 2: CHANNEL INFORMATION						
New Country Folder (2 characters country code, example: CN)			RFTS User ID used by Primary Entity to be linked			
PART 3: ACCOUNT DETAILS						
Country	Account Numbers	Currency	Bulk Payment/Collection	Bank Statement/Reports	Add	Delete
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>* The Primary Entity's Account as indicated above is the designated account for debiting the Applicant's applicable fees and charges including fees for subscriptions. The Bank may debit the fees or charges from the designated account even if it has insufficient funds notwithstanding that the Account is overdrawn as a result. If the designated account is closed, the Bank may debit the fees or charges from another UOB account belonging to the Primary Entity or the Applicant's Account with UOB as the Bank deems appropriate.</p> <p>** The Principal UOB Bank is the Bank which provides the FTS to the Primary Entity.</p>						



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PART 4: REMARKS

PART 5: AGREEMENT

I/We, on behalf of the Applicant and Primary Entity respectively, hereby: (i) agree to be bound by the Bank's File Transfer Service Agreement ("FTS Agreement") as amended and supplemented from time to time. Copies of the relevant terms and conditions and/or agreements have been given to me/us-; (ii).agree that any instruction and communication to the Bank for this service must be provided by the Authorised Person(s) stated in my/our board resolution (or equivalent); (iii) confirm that the Applicant is a Customer Affiliate (as defined in the FTS Agreement) of the Primary Entity; (iv) authorise the Applicant and the Primary Entity to have access to each other's accounts and other information and to operate and utilise each other's respective accounts and services. The Applicant and the Primary Entity agree to assume and be responsible for all the risks associated with such access to each other's accounts and other information.

Applicant

Authorised Person's Name and Designation: _____

Signature and Date: _____

Authorised Person's Name and Designation: _____

Signature and Date: _____

Primary Entity

Authorised Person's Name and Designation: _____

Signature and Date: _____

Authorised Person's Name and Designation: _____

Signature and Date: _____



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FOR BANK USE ONLY

Recommendations and Comments by Bank

UAT IP Address:	_____
Signature Verification:	<input type="checkbox"/> Sighted
Flow	<input type="checkbox"/> Normal <input type="checkbox"/> CEP

Name / Date

Signature

Additional Recommendations and Comments by Bank

Customer sign-off received:	<input type="checkbox"/> UAT Completed
PROD IP Address:	_____

Name / Date

Signature

(UAT)

FTS SETUP

FTS User ID (please ✓ where applicable)	Country	Requested By (Name / Signature / Date):	Parameter Input upon completion		
			FTS User ID	ROS Folder	Country
<input type="checkbox"/>		Parameter Input By (Name / Signature / Date):			
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

(PROD)

FTS SETUP

FTS User ID (please ✓ where applicable)	Country	Requested By (Name / Signature / Date):	Parameter Input upon completion		
			FTS User ID	ROS Folder	Country
<input type="checkbox"/>		Parameter Input By (Name / Signature / Date):			
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					