

JOB

RESERVE
GIRO APPLICATION FORM



Right By You



Postage will be paid by addressee.
For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 08567**



United Overseas Bank Limited
UOB Cards & Payments
Robinson Road P.O. Box 1688
Singapore 903338

APPLICATION FORM FOR INTERBANK GIRO

United Overseas Bank Limited Tel: 1800 222 0990 Company Reg No. 193500026Z

Please complete all fields in PART 1 and submit the original application form via 2 convenient ways:

1. UOB Client Service Manager.
2. Mail it back to us.

- Please ensure that any amendments made are countersigned and correction fluid is not allowed.
- We would require 3 - 4 weeks for processing, hence, please continue to settle your outstanding bills until your Card statement indicates that GIRO is effected.

PART 1 : FOR UOB CARDMEMBER'S COMPLETION

To: Name of Financial Institution and Branch:

Date:

Name of Billing Organisation ("BO"): UOB Card Centre

Name of UOB Cardmember(s)	UOB Credit Card No.																		
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Payment Instructions (Please (3). If left unticked, the full payment option will be automatically chosen.)

Full Payment

Minimum Payment

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account. The GIRO payment instruction will apply to both principal and supplementary card(s).
- (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Account Name(s):

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

My/Our Bank Account Number to be debited:

My/Our Contact Number(s):

(As in Bank/Financial Institution's Records)
*For thumbprints, please go to branch with your NRIC/Passport to have your thumbprint taken/witnessed.

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	UOB Card Centre Bank A/C No.
7	3	7 5 0 0 1 1 0 1 3 3 5 3 9 5 1
Bank	Branch	Account No. to be Debited

Billing Organisation's Customer Reference No.												
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Payment Instructions:

Full Payment

Minimum Payment

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To: UNITED OVERSEAS BANK LTD

UOB Cards & Payments

Robinson Road

P. O. Box 1688

Singapore 903338

This Application is hereby REJECTED because:

Signature/thumbprint* differs from Financial Institution's records

Signature/thumbprint* is incomplete/unclear*

Account operated by signature/thumbprint*

Wrong account number

Amendments not countersigned by customer

Others: _____

Name of Approving Officer

Authorised Signature

Date

* Please delete where inapplicable.