



Date: \_\_\_\_\_

Register Of Companies no.: \_\_\_\_\_

Total no. of pages \_\_\_\_\_

**United Overseas Bank Limited**

Cards &amp; Payments

Personal Financial Services

Attn: Merchant Partnership &amp; Development

**RE: MERCHANT AGREEMENT - LIST OF AUTHORIZED PARTIES**

We, \_\_\_\_\_ (Merchant legal entity name), refer to the abovementioned Merchant Agreement.

We hereby confirm that the person(s) named in Appendix 1 herein (each, an “**Authorized Party**”), is/are authorized to act singly for and on behalf of us to:

- a. give any instructions, make any requests, provide all representations, warranties and/or indemnities and do all acts contemplated by the terms of the Merchant Agreement for and on behalf of us;
- b. provide the Bank with such information, reports and/or any other documents for and on behalf of us in connection with and for the purpose of the Merchant Agreement as requested by the Bank from time to time; and
- c. do such things as may be necessary and incidental to the matters authorized by this letter generally.

Kindly note that any amendments to the list of Authorized Parties, their authority and/or their signing conditions shall only be made by a letter and communicated to the Bank.

This letter shall remain in full force and the Bank may rely on this letter and the instructions given herein including instructions given by the Authorized Party(ies) until the Bank has received and accepted to be in order, written notice of amendment or revocations of this letter and has had a reasonable period of time to give effect to the notice. The Bank shall be entitled to a reasonable period of not less than seven (7) business days from receipt of notice to process the notice. Before the Bank has updated its record, the Bank may continue to act in reliance on this letter and the mandates in force pursuant to this letter.

\_\_\_\_\_  
Name:  
Designation:  
Date:

\_\_\_\_\_  
Name:  
Designation:  
Date:

Specimen Signature	Specimen Signature
Full Name:	Full Name:
Designation:	Designation:
IC / Passport Number:	IC / Passport Number:
Date Of Birth:	Date Of Birth:
Nationality:	Nationality:
Residential Address:	Residential Address:
Email:	Email:
Contact Number:	Contact Number:
Functions:	Functions:

Specimen Signature	Specimen Signature
Full Name:	Full Name:
Designation:	Designation:
IC / Passport Number:	IC / Passport Number:
Date Of Birth:	Date Of Birth:
Nationality:	Nationality:
Residential Address:	Residential Address:
Email:	Email:
Contact Number:	Contact Number:
Functions:	Functions:

*NOTE: Kindly provide copies of identification document and proof of residential address of Authorized Party(ies) as part of regulatory compliance.*

Specimen Signature	Specimen Signature
Full Name:	Full Name:
Designation:	Designation:
IC / Passport Number:	IC / Passport Number:
Date Of Birth:	Date Of Birth:
Nationality:	Nationality:
Residential Address:	Residential Address:
Email:	Email:
Contact Number:	Contact Number:
Functions:	Functions:

Specimen Signature	Specimen Signature
Full Name:	Full Name:
Designation:	Designation:
IC / Passport Number:	IC / Passport Number:
Date Of Birth:	Date Of Birth:
Nationality:	Nationality:
Residential Address:	Residential Address:
Email:	Email:
Contact Number:	Contact Number:
Functions:	Functions:

*NOTE: Kindly provide copies of identification document and proof of residential address of Authorized Party(ies) as part of regulatory compliance.*