



UOB PHONE BANKING

To: United Overseas Bank Limited
Bras Basah Post Office P.O. Box 106 Singapore 911804

INFORMATION UPDATE FORM

(Company/Limited Liability Partnership/Association)

YOUR PARTICULARS

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.*

Access Code

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

Link	De-Link	Account No.	Link	De-Link	Account No.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Signature Of Access Code Holder _____ Date _____

Second Access Code Holder

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

NRIC/Passport No.*

Access Code

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

Link	De-Link	Account No.	Link	De-Link	Account No.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Signature Of Access Code Holder _____ Date _____

Third Access Code Holder

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

NRIC/Passport No.*

Access Code

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

Link	De-Link	Account No.	Link	De-Link	Account No.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Signature Of Access Code Holder _____ Date _____

OTHER UOB PHONE BANKING SERVICE(S) [Please tick (✓) one only]

<input type="checkbox"/>	Replacement Of PIN for Corporate Access Code	<input type="text"/>
<input type="checkbox"/>	Re-activation Of Corporate Access Code	<input type="text"/>
<input type="checkbox"/>	Termination Of UOB phone banking service in respect of Corporate Access Code	<input type="text"/>

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 <input type="checkbox"/> ASR <input type="checkbox"/> HBK Resolution _____ Signature & Name	Date _____	Approved By _____ Signature & Name	Date _____
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