

BULK SERVICES REGISTRATION FORM

Please complete the registration form and send to Cash Management Services Division, United Overseas Bank Limited, 80 Raffles Place #05-00, UOB Plaza 2, Singapore 048624.		
Name of * Company / Association / Club / Society:		* Company / Association / Club / Society Registration No:
Address of * Company / Association / Club / Society:		
Name of Contact Person (* Mr / Mrs / Ms / Mdm / Dr):		Designation:
Email:	Contact Tel:	Mobile No:
MODE (tick one): <input type="checkbox"/> Electronic Bulk Service – fill up <u>ONLY</u> sections 1, 2, 4, 5, 6 and 7 <input type="checkbox"/> IBG Diskette Service – fill up <u>ONLY</u> sections 3, 4, 5, 6 and 7		
(1) APPOINTED AUTHORISED USER(S) (FOR ELECTRONIC BULK SERVICE ONLY)		
We appoint the person(s) named below to receive the access code to operate the designated and/or linked accounts via the UOB CMS – Electronic Bulk Service on behalf of the * Company / Association / Club / Society.		
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No: Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No: Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No: Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
Name of Authorised User (* Mr / Mrs / Ms / Mdm / Dr):		* NRIC / Passport No: Contact Tel:
Designation:	Function: <input type="checkbox"/> Reviewer <input type="checkbox"/> Transmitter	Signature:
(2) NOTIFICATION BY (FOR ELECTRONIC BULK SERVICE ONLY)		
Email Address 1:		Name:
Email Address 2:		Name:
SMS (Mobile No):		Name:
(3) PERSONS AUTHORISED TO RECEIVE/COLLECT IBG DISKETTE (FOR IBG DISKETTE SERVICE ONLY)		
1) Name:	NRIC:	Signature:
2) Name:	NRIC:	Signature:
3) Name:	NRIC:	Signature:
4) Name:	NRIC:	Signature:

* Delete where applicable

Please turn over to page 2



(4) MAIN DESIGNATED ACCOUNT	
Main Designated Account No: _____	
(5) OTHER ORIGINATING ACCOUNT(S)	
Please list Account No(s) if you require other company accounts to be used as originating accounts: _____	
(6) SERVICE START DATE	
Expected start date (DD/MM/YYYY): _____	
(7) AGREEMENT	
<p>* I/We agree to be bound by the Bank's Terms and Conditions of the UOB CMS – Bulk Services, copies of which have been given to * me/us. * I/We agree that the use of the UOB CMS – Bulk Services is subject to the aforesaid terms and conditions and as amended from time to time.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Authorised Signature(s) and * Company / Association / Club / Society's Stamp _____</p> <p>Name(s): _____</p> <p>Designation(s): _____</p> <p><small>* Delete where applicable</small></p> </div> <div style="width: 35%;"> <p>Date: _____</p> </div> </div>	
FOR BANK USE ONLY	
<p>Recommendations and comments by Branch/RM:</p> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <p>Signature _____</p> <p>Name: _____</p> <p>Date: _____</p>	
<p><u>Branch</u></p> <p>Signature and other particulars verified by :</p> <p>Authorised Signature / Branch Stamp _____</p> <p>Name: _____</p> <p>Date: _____</p>	<p><u>CMS</u></p> <p>Approved by :</p> <p>Authorised Signature _____</p> <p>Name: _____</p> <p>Date: _____</p> <p>Remarks: Normal / _____</p>