

UOB BUSINESS INTERNET BANKING (BIB) SERVICE REGISTRATION FORM

Please send the completed form to UOB via your account-opening branch to verify signatures and completeness.

1. BUSINESS/COMPANY PARTICULARS											
Business/Company Name:						Application Type - Please tick (✓). <input type="checkbox"/> New Application, OR <input type="checkbox"/> Upgrade/Change Signing Condition			Business/Company Registration No:		
Mailing Address:						Fax No:					
Please indicate your preferred Company ID for log-in: Any combination of letters/numbers (8 to 20 characters). No blank spaces or special characters (hyphens, asterisks, etc.).											
2. SERVICES											
2.1 Packages – Please tick (✓) only <u>one</u> of the following packages: <input type="checkbox"/> Package A: Account Information (please fill in Parts 1 to 4, and 8 only) <input type="checkbox"/> Package B: Account Information + Account Services <input type="checkbox"/> Package C: Account Information + Account Services + Remittance <input type="checkbox"/> Package D: Account Information + Account Services + Remittance + Trade Services (applicable only to customer with Trade Facility)						Notes for 2.1 and 2.2: - <u>Account Information:</u> Account Enquiry only - <u>Account Services:</u> Cheque Services, Bill Payment, Fixed Deposit Placement, Funds Transfer, etc. - <u>Remittance:</u> CO, DD, TT, etc. - <u>Trade Services:</u> Letter of Credit, Shipping Guarantee, Trust Receipt Payment, etc. - These classifications will be set out in the BIB User Guides and/or BIB Instructional Material and/or other BIB Publication and may be modified or amended by UOB from time to time.					
2.2 Premium Features (optional, only applicable for Package B, C or D) – Please tick (✓) only <u>one</u> of the following features: Bulk Services: <input type="checkbox"/> Bulk Payment + Payroll (Salary Crediting) only OR <input type="checkbox"/> Bulk Collection only OR <input type="checkbox"/> All (Bulk Payment + Payroll + Bulk Collection)											
3. ACCOUNTS TO BE INCLUDED UNDER BIB											
Only UOB SGD Current, SGD Time Deposit, Foreign Currency Fixed Deposit, Global Currency and Loan accounts under your Business/Company name can be included.											
Applicable for ALL Packages				Applicable for Package B, C or D only							
SGD Current Account No	Account Currency	Use for Bulk Services		Funds Transfer Debit Limit		Bill Payment Limit					
				Base Currency	Daily Limit (Default: Any Amount)	Monthly Limit (SGD) (Default: SGD50,000)					
1.	SGD	<input type="checkbox"/> Yes		SGD							
2.	SGD	<input type="checkbox"/> Yes									
3.	SGD	<input type="checkbox"/> Yes									
Non-SGD Current Account No		Account Currency	Use for Bulk Services					Bill Payment is not applicable for non-SGD Current Accounts.			
1.		<input type="checkbox"/> Yes									
2.		<input type="checkbox"/> Yes									
3.		<input type="checkbox"/> Yes									
Fixed/Time Deposit Account No		Account Currency	Notes: a) <u>Funds Transfer Debit Limit:</u> - Applies only to Inter Account Funds Transfer to third-party accounts (prearranged or non-prearranged), Inter Bank Funds Transfer, payroll transactions or bulk GIRO payments. - Write "Any Amount" or leave blank to accept default of "Any Amount". b) <u>Bill Payment Limit:</u> - Leave blank to accept default of SGD50,000. - Write "Any Amount" if you do not wish to set any maximum limit. c) <u>Account Currency & Base Currency:</u> eg. SGD (Singapore Dollar), JPY (Japanese Yen), USD (US Dollar), EUR (Euro), etc.								
1.											
2.											
Loan Account No (for Loan Summary)		Account Currency									
1.											
2.											
3.											
4. COMPANY ADMINISTRATORS											
Please tick (✓): <input type="checkbox"/> One Company Administrator OR <input type="checkbox"/> Two Company Administrators:- <input type="checkbox"/> Singly approve administrative functions <input type="checkbox"/> Jointly approve administrative functions											
Please indicate your preferred choice of Administrator ID using any letters and/or numbers (2 to 15 characters). No blank spaces or special characters (hyphens, asterisks, etc.). Administrator 1 will act as the primary contact person for the business/company.											
Administrator 1 ID: (2-15 characters)						NRIC / Passport No:					
Name (Mr / Mrs / Ms / Mdm / Dr):						* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes					
Phone No:			Designation:			Signature:					
Mobile No:			Email address:								
Administrator 2 ID: (2-15 characters)						NRIC / Passport No:					
Name (Mr / Mrs / Ms / Mdm / Dr):						* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes					
Phone No:			Designation:			Signature:					
Mobile No:			Email address:								

5. THIRD-PARTY FUNDS TRANSFER (OPTIONAL REQUEST FOR PACKAGE B, C OR D)

For your convenience, you can pre-arrange third-party **SGD Current, I-ACCOUNT, Savings, Uniplus and Global Currency** accounts within **UOB** for transfer of funds. Such third-party funds transfers are subject to daily Funds Transfer Debit Limit tied to each debiting account as indicated in Part 3.

Third-Party Account No.	Account Name	Account Currency
1.		
2.		
3.		
4.		

6. COMPANY SIGNATORIES (APPLICABLE FOR PACKAGE B, C OR D ONLY)

Sequential Processing: ☐ **Yes**, a Signatory who creates a transaction can also approve that particular transaction.
☐ **No**, a Signatory who creates a transaction cannot approve the same transaction.

Daily limit per Signatory in each Signatory Group	Base Currency	Daily Signatory Limit
Any Signatory in Group A	SGD <i>unless otherwise indicated in Part 3 (under Funds Transfer Debit Limit)</i>	
Any Signatory in Group B		
Any Signatory in Group C		

Please indicate your preferred choice of Signatory ID using any combination of letters and/or numbers (2 to 15 characters). Do not include space or special characters (hyphens, asterisks, etc.). Signatory ID must be different from Administrator ID.

Signatory 1 ID:																		NRIC / Passport No:
Name (Mr / Mrs / Ms / Mdm / Dr):																		* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes Signature:
Phone No:				Designation:														
Mobile No:				Signatory Group (Group A is the highest level): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C														
Signatory 2 ID:																		NRIC / Passport No:
Name (Mr / Mrs / Ms / Mdm / Dr):																		* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes Signature:
Phone No:				Designation:														
Mobile No:				Signatory Group (Group A is the highest level): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C														
Signatory 3 ID:																		NRIC / Passport No:
Name (Mr / Mrs / Ms / Mdm / Dr):																		* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes Signature:
Phone No:				Designation:														
Mobile No:				Signatory Group (Group A is the highest level): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C														
Signatory 4 ID:																		NRIC / Passport No:
Name (Mr / Mrs / Ms / Mdm / Dr):																		* Able to grant Company User/Signatory ability to perform Payroll functions? <input type="checkbox"/> Yes Signature:
Phone No:				Designation:														
Mobile No:				Signatory Group (Group A is the highest level): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C														

* Note: If Payroll feature (under Bulk Services) is required, at least one Company Administrator and/or Company Signatory must be able to grant Company User/Signatory ability to perform Payroll functions.

Note: The Account(s) indicated below **MUST** be taken from the list of Current Accounts indicated in Part 3.

(b) Signing Conditions for every transaction up to the limit specified:
Note: Signing Conditions indicate how many signatories from various Signatory Groups are required to approve transactions involving various monetary amounts (you can select for "Any Amount" OR specify different amounts).

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ANY AMOUNT	Please tick (✓) <u>only one</u> of the following:	
	<input type="checkbox"/> Any 1 Signatory from any group	<input type="checkbox"/> 1 from Group A + 1 from Group B
	<input type="checkbox"/> Any 2 Signatories from any group	<input type="checkbox"/> 2 from Group A <u>OR</u>
	<input type="checkbox"/> Any 3 Signatories from any group	1 from Group A + 1 from Group B
	<input type="checkbox"/> All Signatories to sign	<input type="checkbox"/> 3 from Group A <u>OR</u>
		1 from Group A + 2 from Group B

OR

Currency Type: ()	Please tick (✓) and fill in the number of signatories from the required Signatory Group(s):
Up to an amount of: _____	<input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C*
Up to an amount of: _____	<input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C*
Up to an amount of: _____	<input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C* <u>OR</u> <input type="checkbox"/> Any _____ from Group A /B /C* and _____ from Group A /B /C* and _____ from Group A /B /C*

* Circle where applicable.

8. DECLARATION BY APPLICANT

I/We hereby

- apply for the services of Business Internet Banking (BIB) Service as set out above.
- confirm that I/we have been provided with copies of the UOB BIB Service Agreement, and have read, understood and hereby agree to be bound by each and all of the terms therein as may be amended and prevailing from time to time.
- confirm that the terms and conditions of the United Overseas Bank Limited applicable to each and all of the services for which I/we have applied have been made available to us, and that I/we have read, understood and hereby agree to be bound by each and all of such terms and conditions, as may be amended and prevailing from time to time.
- confirm that each and all the Company Signatories named herein are authorised to operate and utilise any and all services granted and provided to me/us through the BIB Service, and that the mandate and authority conferred on each of the Company Signatories as set out in Parts 6 and 7 herein shall apply in this respect.
- confirm and agree that any existing mandate or instructions which I/we may have with the UOB Group Bank(s) will not apply in relation to my/our utilisation of BIB.
- confirm that all the information provided herein are true and accurate to the best of my/our knowledge as at the date of this application.
- authorise United Overseas Bank Limited to issue Login Password(s), Token(s) and Token PIN(s) to the authorised Company Administrator(s) and Signatory(s), where applicable.
- authorise the United Overseas Bank Limited to debit all subscription fees, administration and service charges relating to my/our application and/or use of BIB from the following Designated Account (note: only SGD Current Account specified in Part 3 can be used as Designated Account):

			-				-				-				S	G	D
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Enclosed herewith is a certified true copy of my/our company's Board Resolution (not applicable for sole proprietorship and partnership).

I/we understand that if I/we require Group Company Functions to perform enquiry or transaction on accounts held by my/our Subsidiary Company(s), namely

I/We will also attach a UOB BIB Service Registration Form (For Subsidiary Company) for each Subsidiary Company to be registered, together with a certified true copy of each Subsidiary Company's Board Resolution.

Authorized Personnel Signature / Name & Designation

Authorised Personnel Signature / Name & Designation

Date _____