



Please complete this form and mail it back to us at:  
 UOB eService Forms Processing, Bras Basah Post Office P.O. Box 106 Singapore 911804

**COMPANY PARTICULARS ("APPLICANT")**
**Registered Name**
**Registration Number or Business Number (UEN)**
**CARDUSER PARTICULARS**
**Name as in NRIC/Passport**
**NRIC/Passport No.**
**Business Debit Card No.**

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**MAINTENANCE REQUEST FOR ATM SERVICE**

Please select a maximum of 2 service options only. The selection below will supersede your current Business Debit Card ATM services  
 (Note: If more than 2 services are chosen, only the first 2 options will be processed).

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- (a) Fast Cash Deposit, NETS Purchase, ATM Cash Withdrawal, ATM Funds Transfer, UniFlash Withdrawal (1B1ZC)**
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- (Note: default limit will apply if leave blank. Card must be activated if customisation of limit is required)

Withdrawal Limits	Default	Maximum	Please indicate customised limits if required (2B1ZC)
Daily ATM Limit	S\$5,000	S\$5,000	S\$ { } .00
Daily NETS Limit	S\$2,000	S\$2,000	S\$ { } .00
Daily Uniflash Limit	S\$10,000	S\$10,000	S\$ { } .00
Monthly Limit	S\$10,000	S\$100,000	S\$ { } .00

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- (b) CashCard Top-Up at EFTPOS/ATM & CashCard Refund (1CCTOP1)**

Limit	Daily	Monthly
ATM	S\$3,000	S\$6,000
EFTPOS	S\$2,000	S\$4,000

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- (c) CashCard Top-Up at EFTPOS & CashCard Refund (1CCORP8)**

Transaction Limit	S\$50
Daily	S\$3,000
Monthly	S\$5,000

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- (d) Statement Request & Balance Enquiry (1CCORP9)**

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- (e) Statement Request (1CCORP6)**

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- (f) Balance Enquiry (1CCORP7)**

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- (g) Fast Cash Deposit (1CCORP1)**

**AUTHORISATION & AGREEMENT**

I/We hereby agree and represent to the Bank that the particulars and information provided by me/us in this form and any other document are complete, true and accurate. I/We have read, understood and agree to be bound by the prevailing UOB Business Debit Cardmember Agreement and UOB Terms and Conditions Governing Account and Services. I/We understand that you have the right not to approve this application at your absolute discretion without assigning any reason whatsoever.

Name and Signature of Authorised Person(s)\* \_\_\_\_\_ Date \_\_\_\_\_

Name and Signature of Authorised Person(s)\* \_\_\_\_\_ Date \_\_\_\_\_

\*To be signed by Approved Person(s) appointed under the Accounts and Services Resolution (ASR) or by persons authorised under Board Resolution/Minutes of Meeting to apply for UOB Business Debit Card.

**FOR BANK USE ONLY**
**Attended by:**
**Signature Verified by:**
 **ASR**
**Approved by:**
**Signature & Name**
**Date**
**Signature & Name**
**Date**
**Signature & Name**
**Date**