

UOB COE OPEN BIDDING SERVICE REGISTRATION FORM (CORPORATE CUSTOMERS / MOTOR TRADERS)

Please send the completed form to your account-opening branch for processing.

COMPANY PARTICULARS

Customer Type (tick one):	
<input type="checkbox"/> Corporate Customer (Bid for <u>own</u> company)	
<input type="checkbox"/> Motor Trader (Bid for own company <u>and</u> on behalf of company's customers)	
Name of Company:	Company Registration No.:
Contact Person & Number:	Email Address (if applicable):

APPOINTED ACCESS CODE HOLDER(S)

We appoint any one of the person(s) named below to receive the Access Code, PIN and such other security devices from time to time issued, and to operate the UOB COE Open Bidding Service and the Designated Account(s) indicated below on behalf of the Company. All Access Code Holders will be assigned tokens subject to fees.

Name of Access Code Holder (*Mr / Mrs / Ms / Mdm / Dr):	*NRIC / Passport No.:	Access Code Holder's Signature:
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AUTHORISATION TO DEBIT ACCOUNT(S)

We hereby authorise you to deal with and debit the following account(s) or any other accounts which may be named in any instruction given via the UOB COE Open Bidding Service as the Designated Account(s) for purposes of meeting any payment(s) required under the UOB COE Open Bidding Service including, but not limited to the Deposit:

ACCOUNT NUMBER											
				-				-			-

AGREEMENT

In consideration of your agreeing to my/our request to apply for the UOB COE Open Bidding Service specified in this application, I/we confirm that I/we have received, read and understood and that I/we agree to be bound by the UOB Terms and Conditions of COE Open Bidding Service (for Corporate Customers and Motor Traders) and any amendment thereof as you may introduce from time to time in connection with the use of UOB COE Open Bidding Service. I/We agree to inform UOB immediately upon the cessation of the authority of any Access Code Holder for any reason(s) whatsoever through the submission of the UOB COE OPEN BIDDING SERVICE TERMINATION OF ACCESS CODE AND PIN form. I/We agree that the token fees for the new and/or replacement tokens issued may be debited from the Designated Account.

 Name and Signature of Authorised Personnel
 (in accordance with Company Resolution, if applicable)
 Date:

FOR BANK USE ONLY

Signature & particulars verified by:	Transaction approved by:
	Status Assigned (Please tick <u>ONE</u> only):
	<input type="checkbox"/> 1COCE1 Or <input type="checkbox"/> Others: _____
	<input type="checkbox"/> 1COCE2 Or _____
_____ Authorised Signature / Branch Stamp Name: Date:	_____ Authorised Signature Name: Date: