

## **TEMP TERMINAL REQUEST FORM**

Step 1: Complete the form in CAPS.

Step 2: Email to cardopsmerchantsupport@UOBgroup.com with the subject header as follows:

(e.g. ABC PTE LTD – Temp terminal request)

MANDATORY FIELDS	
Requestor Name:	Contact No: Date of Request:
Contact Email:	ROC Number:
All Merchant ID(s) to tag onto the terminal	
Name (to be printed on the receipt header)	
Roadshow Address (to be printed on the receipt header)	
Delivery Address	S ()
Delivery Date (Monday to Friday only, excluding PH)	/ /
Delivery Time*	□ 10-12pm □ 2-4pm
Retrieval Address	S ()
Retrieval Date (Monday to Friday only, excluding PH)	, ,
Retrieval Time*	□10-12pm □ 2-4pm
Number of Terminals	
Type of Terminal*	□ Wired □ Wireless
Contact Person	
Contact Number	
Card Brands Required*	□ Visa/MasterCard □ JCB □ CUP □ Amex □ Diners
Terminal Facility Required*	□ Retail □ Instalment Payment Plan (IPP) □ DCC □ MOTO
Loyalty*	☐ IRR ☐ SMART\$ ☐ Others:
Others	Any other cost may be applicable. Weekend charges may apply, subject to availability.
All representations made by, and undertakings and indemnities gi to be repeated by the Merchant and shall apply to this Temp Ten	ven by the Merchant to the Bank in the Indemnity For Taking and Accepting Instructions By Facsimile, Telex and Email are deemed minal Request Form.
Signature of Authorized Signatory	
Name:	Company Stamp: