

APPLICATION FOR NON-INDIVIDUAL ACCOUNT(S)
To: UNITED OVERSEAS BANK LIMITED / FAR EASTERN BANK LIMITED
(each a "Bank")
APPLICANT PARTICULARS

Applicant Name:

Registered ID:

** Not required to be filled if you have an existing account under the same applicant name*

* Registered Address:

Contact Information:-

Office No:

Mailing Address:

Fax No:

Email:

* Date of Incorporation:

* Nature of Business:

* Country of Incorporation:

Business Activity and Products traded:

* Country of Business Operation:

Primary Clientele Base:

Annual Turnover:

SIGNING INSTRUCTIONS
(Please tick either box)
☐ Signing Condition as per my / our existing a/c to be in the same currency as accounts applied for. Please specify a/c no: _____

☐ Per Operating Mandate - attached

ACCOUNT(S) APPLIED FOR
FOR BANK USE

Product: _____ (CCY: _____)

Account Name: _____

Additional Account Information
Purpose of Account: ☐ Transactional ☐ Investment ☐ Loan Repayment

☐ Others (pls specify) _____

Source of Funds: [Origin of incoming funds (Do not state other banks as the source). You may tick more than one box]

☐ Business Proceeds ☐ Services Rendered ☐ Return On Investments

☐ Commission or Contract Fee ☐ Others (pls specify) _____

Country of Funds Origin: ☐ Singapore ☐ Others (pls specify) _____

A/C No:

Cheque Range:

Product: _____ (CCY: _____)

Account Name: _____

Additional Account Information
Purpose of Account: ☐ Transactional ☐ Investment ☐ Loan Repayment

☐ Others (pls specify) _____

Source of Funds: [Origin of incoming funds (Do not state other banks as the source). You may tick more than one box]

☐ Business Proceeds ☐ Services Rendered ☐ Return On Investments

☐ Commission or Contract Fee ☐ Others (pls specify) _____

Country of Funds Origin: ☐ Singapore ☐ Others (pls specify) _____

A/C No:

Cheque Range:

Product: _____ (CCY: _____)

Account Name: _____

Additional Account Information
Purpose of Account: ☐ Transactional ☐ Investment ☐ Loan Repayment

☐ Others (pls specify) _____

Source of Funds: [Origin of incoming funds (Do not state other banks as the source). You may tick more than one box]

☐ Business Proceeds ☐ Services Rendered ☐ Return On Investments

☐ Commission or Contract Fee ☐ Others (pls specify) _____

Country of Funds Origin: ☐ Singapore ☐ Others (pls specify) _____

A/C No:

Cheque Range:

CONFIRMATION & AGREEMENT (To be signed by person(s) authorised to open the Account(s))
We, the aforesaid Applicant named in this Application, through our approved person(s) named below:

- hereby request United Overseas Bank Limited / Far Eastern Bank Limited ("Bank") to open the Account(s) specified by us in the Application;
- acknowledge that the submission of this Application and its receipt by the Bank does not mean that the Bank has approved this Application. The Bank reserves the right to reject any Application without assigning any reason whatsoever;

CONFIRMATION & AGREEMENT (To be signed by person(s) authorised to open the Account(s))

3. confirm that we have obtained and agree to be bound by the Bank's prevailing Terms and Conditions Governing Accounts & Services and Additional Terms and Conditions Governing Accounts and Services (also available at uob.com.sg and at the Bank's branches);
4. confirm that we have read and understood the Bank's Privacy Notice (Corporate) (available at uob.com.sg and at the Bank's branches) which forms part of the terms and conditions governing our relationship with the Bank. We represent and warrant to the Bank that when providing the Bank with the personal data of the Relevant Individual(s) from time to time, we would have obtained the consent of the Relevant Individual(s) for the collection, use and disclosure of the personal data for Basic Banking Purposes, Co-branding Purpose, Research Purpose and Marketing Purpose as described in the Bank's Privacy Notice (Corporate);
5. agree that the Bank will not be liable to us for any actions the Bank considers appropriate in order to meet any obligation or requirement, either in Singapore or elsewhere in the world, in connection with the prevention of any unlawful activity including fraud, money laundering, terrorist activity, bribery, corruption, or tax evasion or the enforcement of any economic or trade sanction;
6. in consideration of the Bank accepting the Application herein, represent, warrant and agree with the Bank that the signature(s) on this Application form shall constitute the specimen signature(s) of all our approved signatory(s) for the time being for the purpose of operating the Account(s) specified in this Application unless and until we give notice to the Bank in writing of any change thereof;
7. acknowledge that we have received from the Bank the cheque book applied for in this Application;
8. hereby declare that the Applicant is a: ☐ **Resident in Singapore**
☐ **Non-Resident in Singapore**
9. confirm there has been no amendment made to our Memorandum and Articles of Association since the last time we provided a certified true copy to the Bank.
☐ (please tick if applicable)

Deposit Insurance Scheme: Singapore Dollar deposits of non-bank depositors and monies and deposits denominated in Singapore dollars under the Supplementary Retirement Scheme are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

Authorised Signature / Name:
NRIC / Passport No:
Date:

Authorised Signature / Name:
NRIC / Passport No:
Date:

FOR BANK USE

ID Type ID Country: Customer Type:	CTO Code: Industry Code:	No. of Cheque Books: (To indicate if more than one)	Date of Resolution:
Attended By / Introduced By:		Approved By / Recommended By:	
Signature & Name Date		Signature & Name Date	

Additional Account Information

Product _____ Account number _____ (CCY: _____)

Deposit: Anticipated No of Transactions / month: _____ Deposit: Anticipated Amount / month (S\$'000): _____

Withdrawal: Anticipated No of Transactions / month: _____ Withdrawal: Anticipated Amount / month (S\$'000): _____

Product _____ Account number _____ (CCY: _____)

Deposit: Anticipated No of Transactions / month: _____ Deposit: Anticipated Amount / month (S\$'000): _____

Withdrawal: Anticipated No of Transactions / month: _____ Withdrawal: Anticipated Amount / month (S\$'000): _____

Product _____ Account number _____ (CCY: _____)

Deposit: Anticipated No of Transactions / month: _____ Deposit: Anticipated Amount / month (S\$'000): _____

Withdrawal: Anticipated No of Transactions / month: _____ Withdrawal: Anticipated Amount / month (S\$'000): _____

Principal types of Products trading In: _____

Name of Major Supplier(s): _____ Country of Major Supplier(s): _____

Major Supplier Industry _____

Name of Major Buyer(s): _____ Country of Major Buyer(s): _____

Major Buyer Industry _____

Industry Risk Influenced By: _____

Name of Core Participant(s) to Loan Repayments: _____

Country of Core Participant(s) to Loan Repayments: _____

Other Name of Core Participant to Loan Repayment: _____

Other Country of Core Participant to Loan Repayment: _____

OPERATING MANDATE

Part ____ / ____

Account Name: _____

Account Number: _____

OPERATING MANDATE			
Product: _____ (CCY: _____)		Signing Requirement	
<u>Authorisation Limit</u> (Please check and complete the application boxes)			
<input type="checkbox"/> Any Amount		_____	
<input type="checkbox"/> Up to _____		_____	
<input type="checkbox"/> Above _____ to _____		_____	
<input type="checkbox"/> Above _____ to _____		_____	
<input type="checkbox"/> Above _____ to _____		_____	
<input type="checkbox"/> Other Signing Requirement			
PARTICULARS OF SIGNATORY(IES)		Please sign within the boxes below	
Name: _____ Residential Address: _____			
NRIC / Passport No.: _____			
Country of Birth: _____ DOB: _____			
Nationality: _____ Home No: _____			
Gender: _____ Office No: _____			
Position: _____ Mobile No: _____		Signature _____ Group: _____	
<u>Additional ID Number</u> Identity Number: _____ ID Type: _____ ID Country of Issue: _____ ID Expiry Date: _____			
Name: _____ Residential Address: _____			
NRIC / Passport No.: _____			
Country of Birth: _____ DOB: _____			
Nationality: _____ Home No: _____			
Gender: _____ Office No: _____			
Position: _____ Mobile No: _____		Signature _____ Group: _____	
<u>Additional ID Number</u> Identity Number: _____ ID Type: _____ ID Country of Issue: _____ ID Expiry Date: _____			
Name: _____ Residential Address: _____			
NRIC / Passport No.: _____			
Country of Birth: _____ DOB: _____			
Nationality: _____ Home No: _____			
Gender: _____ Office No: _____			
Position: _____ Mobile No: _____		Signature _____ Group: _____	
<u>Additional ID Number</u> Identity Number: _____ ID Type: _____ ID Country of Issue: _____ ID Expiry Date: _____			
Name: _____ Residential Address: _____			
NRIC / Passport No.: _____			
Country of Birth: _____ DOB: _____			
Nationality: _____ Home No: _____			
Gender: _____ Office No: _____			
Position: _____ Mobile No: _____		Signature _____ Group: _____	
<u>Additional ID Number</u> Identity Number: _____ ID Type: _____ ID Country of Issue: _____ ID Expiry Date: _____			
_____ Authorised Signature / Name: NRIC / Passport No: Date:		_____ Authorised Signature / Name: NRIC / Passport No: Date:	

CFM-2(FR4.15)