



**UOB PHONE BANKING**

**INFORMATION UPDATE FORM**

**(Personal)**

To: Robinson Road P O Box 1282 Singapore 902531

**YOUR PARTICULARS**

Name (as in NRIC/Passport*) (Dr/Mr/Miss/Mrs/Mdm*)	
NRIC/Passport No.*	
Access Code	

**LINKING/DE-LINKING YOUR ACCOUNT(S)** [Please tick (✓) the 'Link' or 'De-Link' column against each of your stated account number(s)]

Link	De-Link	Account No.	Link	De-Link	Account No.
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**YOUR BILL PAYMENT ARRANGEMENTS**

I wish to change my total bill payment limit to S\$ \_\_\_\_\_ per calendar month per Access Code.  
 Please note that there is a maximum limit of S\$20,000 for total bill payment per calendar month per Access Code for UOB phone banking.

The Bank has a list of Payee Corporations, the bills of which can be paid using UOB phone banking. Please complete the following if your account/consumer reference number provided by the Payee Corporation consists of non-numeric characters.

Name Of Corporation	
Account/Consumer Reference No.	
Corporation Code (For Bank Use Only)	

Name Of Corporation	
Account/Consumer Reference No.	
Corporation Code (For Bank Use Only)	

Name Of Corporation	
Account/Consumer Reference No.	
Corporation Code (For Bank Use Only)	

**YOUR FUNDS TRANSFER ARRANGEMENT** [Please tick (✓) the 'Link' or 'De-Link' column against each of your stated account number(s)]

I nominate my following bank account(s) maintained with the UOB Group for third party funds transfers:

Link	De-Link	Nominated Third Party Account To Transfer Funds To	Link	De-Link	Nominated Third Party Account To Transfer Funds To
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Please note that there is a maximum limit of S\$3,000 per debiting account per day for third party funds transfers using UOB phone banking.

**OTHER UOB PHONE BANKING SERVICE(S)** [Please tick (✓) one only]

Replacement Of PIN     
  Re-activation Of Access Code     
  Termination Of UOB phone banking

**AUTHORISATION & AGREEMENT**

**(For Funds Transfer Arrangements Only)**

I hereby request and authorise the Bank to link the third party account(s) to my Access Code to enable me to perform funds transfers from my UOB Group Bank account(s) maintained with the UOB Group to my nominated third party account(s) using the UOB phone banking service. I confirm that I am not an undischarged bankrupt and there has been no Statutory Demand served on me and that there has been no legal proceedings commenced against me at the time of this application. I acknowledge that the Bank reserves the right to reject my application without giving any reason.

**(For Other UOB Phone Banking Service(s) Only)**

In consideration of the Bank accepting my application in the above 'Other UOB Phone Banking Service(s)' section, I confirm that I remain responsible for all transactions made with the PIN.

I agree to indemnify the Bank from and against all claims, demands, losses, charges and expenses which the Bank may sustain, incur or be liable for as a result of the Bank, pursuant to this or any earlier application, issuing to me the PIN or the replacement PIN or activating or re-activating my Access Code or having issued or activated the same (as the case may be).

I hereby confirm that I have received, read and understood and that I agree to be bound by the UOB Terms and Conditions Governing Accounts and Services. I agree that the use of the UOB phone banking service is subject to these Terms and Conditions and to such amendment(s) or addition(s) thereto as the Bank may, at its absolute discretion and from time to time, make.

_____ Authorised Signature Thumbprints (if any) must be affixed in the presence of a bank officer. Please bring your NRIC/Passport for identification purpose.	_____ Date
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**FOR BANK USE ONLY**

_____ Attended By  _____ Signature & Name      Date	_____ Signature Verified By  _____ Signature & Name      Date	_____ Approved By  _____ Signature & Name      Date
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\* Please delete where inapplicable.