



## UOB PHONE BANKING SERVICE

Please (✓) where applicable

## PART 1: APPLICANT'S PERSONAL PARTICULARS

Full Name as in NRIC/Passport* (Mr/Mrs/Ms/Mdm/Dr)*	*NRIC/Passport	Access Code (Please complete this only if you are an existing user)
--	----------------	--

## PART 2: LINKING OR DELINKING ACCOUNT(S)

Please "✓" in the relevant Link or Delink column next to the UOB Group Bank account number(s).

Link	Delink	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

## PART 3: BILL PAYMENT ARRANGEMENT

☐ I wish to change my total bill payment limit to \$ \_\_\_\_\_ per calendar month per Access Code.**Note: The total bills payment per calendar month is limited to \$20,000 per Access Code for phone banking service.**☐ The Bank has a list of Payee Corporations whose bills can be paid via phone banking service. Please complete the following if your account/consumer reference number provided by the Payee Corporations consists of non-numeric characters:

Name of Corporation	Consumer Reference Number	Corp Code (For Bank Use Only)

## PART 4: FUNDS TRANSFER ARRANGEMENT

☐ **Nomination of Account(s) for Third Party Funds Transfer**

Please "✓" in the relevant Link or Delink column next to be the UOB Group Bank account number(s).

Link	Delink	Nominated Third Party Account to transfer funds <b>TO</b>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

**Note: Third party funds transfer limit is \$3,000 per debiting account per day for phone banking service.**

## PART 5: OTHER PHONE BANKING SERVICE(S)

- ☐ Replacement of PIN for phone banking service
- ☐ Re-activation of Access Code for phone banking service
- ☐ Termination of phone banking service

## PART 6: AUTHORISATION &amp; AGREEMENT

**(Applicable to Part 4)**

I hereby request and authorize the Bank to link the third party accounts to my Access Code to enable me to perform funds transfers via the phone banking service from my UOB Group Bank Account(s) to the nominated third party account(s). I confirm that I am not an undischarged bankrupt and that 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.

**(Applicable to Part 5)**

In consideration of the Bank accepting my application in Part 5 above, 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 agreed to be bound by the UOB Terms and Conditions Governing Accounts and Services. I agree that the use of phone banking service is subject to these terms and conditions and to such amendment or addition thereto as the Bank may, in its absolute discretion, from time to time, make.

Customer's Signature / Date

Account No.

(For Bank's reference only. The Bank reserves the right to verify your signature against other account(s) that you may have.)

## FOR BANK USE

Signature and other particulars verified by:

Transaction approved by:

Authorised Signature / Branch Stamp

Authorised Signature / Branch Stamp

Name:

Name:

Date:

Date:

\*Please delete where inapplicable