



PRE-AUTHORISATION FOR PAYMENT TO THIRD PARTIES

Full Name as In NRIC/Passport* (Mr/Mrs/Ms/Mdm/Dr)*	*NRIC/Passport*	Access Code
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NOTE: MAXIMUM AMOUNT FOR PAYMENT IS LIMITED TO \$550,000/- PER DAY PER ACCESS CODE LINKED TO THIS SERVICE UNLESS OTHERWISE AGREED BY THE BANK.

Account number

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Account number

[illegible]

Account number

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(Please Tick Where Applicable)

ADD <input type="checkbox"/>	DELETE <input type="checkbox"/>	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS
ADD <input type="checkbox"/>	DELETE <input type="checkbox"/>	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS

(Please Tick Where Applicable)

<div>ADD</div> <div><input type="checkbox"/></div>	<div>DELETE</div> <div><input type="checkbox"/></div>	<div>NAME OF BENEFICIARY</div>	<div>BENEFICIARY'S ADDRESS</div>	<div>BENEFICIARY'S A/C NO.</div>
		<div>NAME OF BENEFICIARY'S BANK</div>	<div>BENEFICIARY'S BANK ADDRESS</div>	
		<div>PAYMENT DETAILS (MAX 70 Characters)</div>		
<div>ADD</div> <div><input type="checkbox"/></div>	<div>DELETE</div> <div><input type="checkbox"/></div>	<div>NAME OF BENEFICIARY</div>	<div>BENEFICIARY'S ADDRESS</div>	<div>BENEFICIARY'S A/C NO.</div>
		<div>NAME OF BENEFICIARY'S BANK</div>	<div>BENEFICIARY'S BANK ADDRESS</div>	
		<div>PAYMENT DETAILS (MAX 70 Characters)</div>		

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.

SIGNATURE	DATE
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APPLICATION VERIFIED BY & DATE	SIGNATURE VERIFIED BY & DATE	APPLICATION APPROVED BY & DATE
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CCS-2 (R11.07)