

APPLICATION FOR INWARD FUNDS TRANSFER ARRANGEMENT

PART 1: FOR APPLICANT'S COMPLETION

To: United Overseas Bank Limited Date: My/Our <u>Crediting Account Name</u>:	To: Bank and Branch with which my/our Debiting Account is Maintained <input type="checkbox"/> DBS/POSB <input type="checkbox"/> OCBC <input type="checkbox"/> SCB <input type="checkbox"/> HSBC <input type="checkbox"/> Others (please state) _____ Branch : _____
My/Our <u>Crediting Account Number</u>:	My/Our <u>Debiting Account Name</u> as in the Bank's records
Applicant's NRIC / Passport Number: My/Our Contact Number No.(s):	My/Our <u>Debiting Account Number</u> with the Bank:

Amount to be deducted monthly: ☐ S\$1,000 ☐ Others (please specify if amount > S\$1,000): S\$ _____

Deduction day for each month: _____ (eg. 1st, 15th, 30th)

- a) I/ We hereby instruct you to process United Overseas Bank Limited's instruction to debit my/our account.
- b) You are entitled to reject United Overseas Bank Limited's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through United Overseas Bank Limited.
- d) I/We understand and agree that my/our UOB account will be credited 1 working day after the deduction date. If the deduction date is a non-working day, the deduction will be done the prior working day.
- e) I/we understand that this Inward Funds Transfer Arrangement (Interbank GIRO Collection) application will be ready approximately 14 working days after my/our submission of my/our authorization, which has to be verified by the financial institution where my/our account is maintained.

My/Our Signature(s) / Thumbprint(s)*

(As in debiting account Bank's records)

* For thumbprints, please visit the branch of the financial institution /bank with which the debiting account is maintained.

PART 2: FOR UOB'S COMPLETION

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Bank					Branch					Bank A/C to be credited																																													
Z	S	A	5																																																				

PART 3: FOR DEBITING

To: United Overseas Bank Limited, 1 Tampines Central 1, #06-02 UOB Tampines Singapore 529539

This application is hereby rejected (please tick for the following reasons) :

<input type="checkbox"/> Signature / Thumbprint^ differs from Bank's records	<input type="checkbox"/> Signature / Thumbprint^ incomplete / unclear^
<input type="checkbox"/> Account operated by signature / thumbprint^	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Amendments are not countersigned by applicant	<input type="checkbox"/> Others (please state) : _____

_____ Name of Approving Officer	_____ Authorised Signatory	_____ Date
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^Please delete where appropriate