

Please PRINT this form, COMPLETE, SIGN and mail it together with a copy of your IC (SAF 11B) to the following address:  
United Overseas Bank Limited, Channel Support Centre, 60 Robinson Road, #14-00, Singapore 068892

**REQUEST FOR WAIVER OF MINIMUM BALANCE FEE ON SAVINGS ACCOUNT  
(FOR FULL-TIME NATIONAL SERVICEMEN ONLY)**

**CUSTOMER AND ACCOUNT DETAILS**

Name of Account Holder \_\_\_\_\_

Savings Account No.

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NRIC No. \_\_\_\_\_

Expected Operational Ready Date (ORD) \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT**

1. Waiver of minimum balance fee for UOB savings account only applies to full-time National Servicemen
2. Only 1 savings account is entitled for waiver of minimum balance fee
3. Please mail the completed form together with a copy of your IC (SAF 11B)

**FOR BANK USE ONLY**

Verified & Updated By \_\_\_\_\_

Updated On \_\_\_\_\_

No. of Months Applicable for Waiver \_\_\_\_\_

If you wish to update your address with the Bank, please also complete the "Change of Address & Contact Numbers" Form on the next page.



## UNITED OVERSEAS BANK GROUP

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### CHANGE OF ADDRESS & CONTACT NUMBERS

To: UOB / ICB / FEB / OUB \_\_\_\_\_

Branch/UOB Asset Management

#### I – PERSONAL PARTICULARS

NRIC/Passport No./Business Registration No.:		
Account Name:		
Residential/Registered Address:		
New Mailing Address:		
Telephone (Home):	Telephone (Office):	Mobile Phone/Pager:

#### II – UPDATE TO NEW MAILING ADDRESS

Please update the above mailing address to my Current/Savings/Fixed Deposit/ACU/Loans/Credit Card (for principal card holder only)/Debit Card/Unit Trust Accounts and the following:

- ☐ Safe Deposit Box No. \_\_\_\_\_ with \_\_\_\_\_ branch.
- ☐ CPF/ASPF Investment Scheme Account No. \_\_\_\_\_ (CSD)
- ☐ Trade Bills/Performance Guarantee (ITSR Administration)
- ☐ Share Margin Trading Account (Personal Financial Services)

I/We do not wish to change the mailing address for the following account(s):

Account No.:	Account No.:
Account No.:	Account No.:

I/We agree that the Bank may verify my/our signature(s) below against the records of any of the above stated accounts and may effect the change of address for all the accounts specified above even though the signature(s) on record for one account may differ from that of another account.

\_\_\_\_\_  
Authorised Signature(s)

\_\_\_\_\_  
Date

#### III – FOR BANK USE ONLY

Effecting Branch/Division: _____		For CPC:		
Attended By/Date	Signature Verified By/Date	Updated By/Date	Checked By/Date	Approved By/Date