

To : United Overseas Bank Limited  
Invest Credit Unit  
Fax No. 65385098

Date :

Subject : Credit Balance Withdrawal Instruction(s)

Invest Credit A/C Name : \_\_\_\_\_

Invest Credit A/C No : \_\_\_\_\_

Amount To Withdraw : \_\_\_\_\_

☐ Credit UOB Group Account

Retail A/C Name : \_\_\_\_\_  
(\*Current/Savings)

Retail A/C No : \_\_\_\_\_

☐ Issue Cashier's Order

Payee Name : \_\_\_\_\_

\_\_\_\_\_  
Signature/Date:  
Name :

**NB: Instruction must be received by 12 noon for funds to be credited on the following day.**  
**\*Delete where inappropriate.**

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**For Office Use Only**

Information Verified By:

\_\_\_\_\_  
Name :  
Date :

To : UOB Channel Support  
Date :

Please act accordingly as per above instructions.

\_\_\_\_\_  
Name :  
Designation:

\_\_\_\_\_  
Name :  
Designation :