


UOB Internet Banking (Business) Maintenance Request Form

 CIF No.: _____
 (For Bank Use)

Business Details (Mandatory Fields)			
Business Name		Business Registration No.	<input type="text"/>
Business Mailing Address	PLEASE DO NOT USE P.O. BOX Used to deliver ID, Password, Token(s) and Token Pin Mailer(s). This will be registered as your latest mailing address	Contact Person & Contact No.	
Section A: Tokens/Password/Subscription Account/Special Request			
<input type="checkbox"/> Change of Business Email (All reports will be sent to this email address.)			
<input type="checkbox"/> No. of additional Security Tokens required		<input type="text"/> <input type="text"/> (For Company Users only)	
<input type="checkbox"/> Reset Security Token Challenge Questions <input type="checkbox"/> Unfreeze Security Token <input type="checkbox"/> Freeze Security Token		<input type="checkbox"/> Company User Name _____ <input type="checkbox"/> Company Administrator Name _____ <input type="checkbox"/> Company Signatory Name _____	
<input type="checkbox"/> Loss of Security Token		<input type="checkbox"/> Company User Name _____ <input type="checkbox"/> Company Administrator Name _____ <input type="checkbox"/> Company Signatory Name _____	
<input type="checkbox"/> Defective Security Token (Please replace Security Token and ensure defective Security Token is retained for verification)		Security Token Serial No. _____ (Refer reverse of Security Token)	
<input type="checkbox"/> Re-assign Password (This is to reset your Password and new Password mailer will be issued)		<input type="checkbox"/> Company Administrator/Signatory Name _____ <input type="checkbox"/> Company Administrator/Signatory Name _____ (If you hold dual roles and you did not select either of the above roles, the Bank will proceed to assign password for both roles accordingly without further verification)	
Change in Subscription Account <input type="checkbox"/> for BIB <input type="checkbox"/> for eAlert		<input type="text"/>	
<input type="checkbox"/> For Company Administration Only (Not applicable to Single Sign On (SSO) customers)		<input type="checkbox"/> Change to Single Control (Singly approve administrative functions) <input type="checkbox"/> Change to Dual Control (Jointly approve administrative functions)	
<input type="checkbox"/> For Company Signatory Only		<input type="checkbox"/> Change to Sequential (signatory creates and approves a particular transaction) <input type="checkbox"/> Change to Non-sequential (signatory who creates a transaction has to forward to another signatory for approval)	
Section B: Account(s) to be linked (with Bill Payment Facilities)/de-linked (Please ensure there are no outstanding transactions pending authorization in BIB when requesting this)			
Add Del	Account Number	<input type="checkbox"/> Include Trade Account(s) <input type="checkbox"/> Include Collection Reports	Add Del Account Number <input type="checkbox"/> Include Trade Account(s) <input type="checkbox"/> Include Collection Reports
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
Section C: 3 rd Party Account(s) to be Added/Deleted			
Add Del	Beneficiary Name and Account Number	Add Del	Beneficiary Name and Account Number
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
Section D: Company Administrator(s) or/and Company Signatory(ies) to be Deleted			
Administrator's Name (as per NRIC)	Login ID	Signatory's Name (as per NRIC)	Login ID (Mandatory Fields of 6 characters minimum)
	<input type="text"/> Alpha and/or numeric		<input type="text"/> Alpha and/or numeric

	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Alpha and/or numeric												<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Alpha and/or numeric										

Section E: Company Administrator(s) to be Added

Administrator's Name (as per NRIC) & NRIC Number	Login ID (Mandatory Fields of 6 characters minimum)	Administrator's Email Address & Handphone Number	Signature																				
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Section F: Company Signatory(ies) to be Added

Signatory Name (as per NRIC) and NRIC Number	Login ID (Mandatory Fields of 6 characters minimum)	Signatory's Email Address & Handphone Number	Signature																				
1. Group (if any): ___ ('A' being the lowest)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Alpha and/or Numeric CIF No.: _____ <small>(For Bank Use only)</small>											<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> H A N D P H O N E N O											
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Section G: Change in Authorization Matrix (Please Select ONE only) (Please ensure there are no outstanding transactions pending authorization in BIB when requesting this)

<input type="checkbox"/> Any ONE for any transaction and amount	<input type="checkbox"/> Any TWO jointly for any transaction and amount
<input type="checkbox"/> Any ___ for any transaction and amount	<input type="checkbox"/> Any ___ from each Group for any transaction and amount
<input type="checkbox"/> Any ___ from Group A and Any ___ from Group B for any transaction and amount	
<input type="checkbox"/> Group and Signing Limits as follows:	
Authorization Limits	Authorization Conditions
Amount < RM100,000	Any One from Group A
<i>(for Bill Payment change in Transaction Limit per Calendar Month Only)</i>	

_____ Name of Approved Person Date: _____	_____ Name of Approved Person Date: _____	_____ Name of Approved Person Date: _____
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Please send the completed form to a UOB Branch near you

- Do call the Bank at **603-26128 121** (Kuala Lumpur), **604-2401 121** (Penang), **607-2881 121** (Johor Bahru), **6 082-287 121** (Kuching), **6 088-477 121** (Kota Kinabalu) if the user IDs/passwords/tokens are not received after 5 business days.

FOR BANK'S USE ONLY		
Attended By	EWF Maker	EWF Checker
_____	_____	_____
Name & Signature	Name & Signature	Name & Signature
Contact No.	Contact No.	Contact No.
Date	Date	Date
	Job Batch No.	Total No. of Pages