WOB

Commercial Card (Cardmember) Application Form

Mail your application form to: Level 15, UOB Plaza 1 KL, 7 Jalan Raja Laut, 50350 Kuala Lumpur, Malaysia

Purchasing Card	Corporate Card	Business Card	World Business MasterCard	Charge Card
1. Corporate Member D	etails			
Corporate Member Register	ed Name			
Corporate Member Registra	tion / Company No.			
	(New)		(Old)	
Credit Limit to be Assigned t	to the Cardmember (in 000's on	ly) *Subject to approval by Ur	nited Overseas Bank (Malaysia) Bhd.	
RM ,	- 0 0			
Name to be embossed on C	ard (if required & must follow registe	ered name)		
Name of Corporate Member	r's Authorised Signatory		Position(s)	

We confirm that the Corporate Member has accepted and agreed to be bound by the Terms and Conditions of UOB Commercial Credit Card Facility and/or UOB Commercial Charge Card Facility, as the case may be (a copy of which is available for viewing at the Bank's website) and agree to be fully liable for all liabilities incurred (unless otherwise informed by the Bank) in respect of the Card Issued to the Cardmember until UOBM has confirmed that we have returned to the Bank duly cut in half.

Corporate Member Stamp:

Signature: Date:
Corporate Member Authorised Signatory
2. Details Of Authorised Cardmember
Mr Ms Mdm Others Name (As in NRIC/Passport, underline surname) Others (Please specify) Sex Male Female
Name To Appear On Card (The name should be identical to NRIC/Passport) (Not more than 19 characters) NRIC/Passport No. Old New
Passport Issuance Date Passport Expiry Date Day Mth Yr
Citizenship Residence Country
Permanent Resident status Yes No Resident Yes No
Marital Status Single Married Divorced Widowed Race Malay Chinese Indian Others
Bumiputera Yes No Others (Applies to Foreigners only)
Residential Address (P.O. Box address is not acceptable)
L3
Postcode City Town City Town
State
Country
Home Tel No.
E-mail Address
Residence Is Owned Parent's Employer's Rented Mortgaged
Bill To Home Office
Home Country Address (For Non-Malaysian and Non-Malaysian PR Only) L1
Postcode City Town City Town
State I
State Image: Country Image: Country </td
Please provide justification if Home Country Address does not match with Country of Citizenship

WOB

3. My Security Code

Mother's Maiden Name (For verification purposes)

4. My Er	nployn	nent l	Detail	S																										
Office Add	lress																													
L1																														
L2																														
L3																														
Postcode			City Town																											
State																														
Country																														
Tel No.	·			Er	nploy	ree ID					Natu	ure of	f Busi	ness							Oc	cupat	ion							
Position He	eld													Years	s of S	ervic	е				Ann	ual In	come	: RN	٨					
Employmer	nt Type	E	mploy	er	Govt	Empl	oyee		Privo	ite En	nploy	ee	S	elf-Em	nploy	ed]Ou	tside	Labo	our Fo	orce								
5. Conto	ict Pers	son																												
Name																														
Tel No.														Staff	ID/Lo	ast 4	digi	it of	NRIC											
E-mail Add	lress										Relat	ions	hip/P	ositio	n															
6. Decla	ration																													
By signing conditions Agreement are availal information reporting of disclose frr Cardmemb distribution consent to indicated I	on the t ("Char ble for y n provid agencie om time oer Agre n and p the link	Card u rge Ca viewin ded a es and e to ti eemen rovisio cing of	inder t rd Car g at U nd to any c me ar t and/ on of L	the UOI dmemb OBM's obtain other so y infor or Char JOBM's Visa Ca	B VISA per Ag webs from urces matio ge Co prod rd(s) o	A/Mas greeme site. I v any fi that that on on ard Ca uct ar and/o	iterCo ent") warro nanc UOB/ me a rdme id sei r Mas	ard Co as the ant tho ial ins M sha ind m ember rvices. sterCo	ardme e case at the stituti II dee y acc Agree I ack ard(s)	embe e may on, th em ne counts emen knowl to the	r Agre v be. I rmati ne Dil ecess s to t s to t t with edge e 3D S	eeme I und on gi recto ary c he C hout f that Secur	ent ("C ersta iven i or Ger iny in Corpo furthe the C e OTI	Cardm nd this neral formo rate <i>I</i> er noti Card I P. I ag	iemb at th form of In ation Mem ce to rema ree t	er Ag e Ca land whic ber c me f ins th hat I	gree rdme true Rev ch U and for si ne p sha	men emb e and renur OBA to t uch rope	t") ar er Ag d acc e, cre A ma he po purpo erty o joint	nd/or preem urate dit ir y req erson ose o f UO ly an	UOE e and form uire. s as r exp BM a d sev	Visa, and/o I I con ation I here ment edien ind mi erally	/Mas r Cho isent or c eby c ionec t in co ust b liabl	terCo irge and redit onse in t onne e reto e for	ard (Card auth refe nt to the " ctior urne all li	Char I Car noris erence Disc Disc n wit d up abili	ge Co dmer e UC e pro d aut losur h this on U ties (ard C mber BM t ovide horis e" cla app OBM unles	ardm Agre o ver rs or e UO ause licatio 's req s othe	ember ement ify the credit BM to of the on, the uest. I erwise

indicated by UOBM) which may be incurred in respect to the Card issued to me and hereby warrant that at the time of this application, I am not an undischarged bankrupt. I hereby confirm that I have access to and have read the latest version of UOBM's Privacy Notice (accessible at UOB branches and website [https://www.uob.com.my]). I understand that the Privacy Notice (as may be amended from time to time) form a part of the terms and conditions governing our relationship with UOBM and agree to be bound by the same. I shall be liable to pay for any sales and service tax or other taxes or levies which as at the date of issuance of the Card(s) as specified in this form or the provision of services by UOBM to me or at any date subsequent to the above, is required by law (including the Sales and Service Tax Act) to be paid to any body or authority having jurisdiction over UOBM, in respect of any monies charged or incurred by UOBM, in addition to all other monies payable to UOBM. I consent and agree that any sales and service tax or other taxes or levies incurred by UOBM to me, shall be borne by and charged to me and in the event that UOBM shall effect payment on my behalf, I shall be liable to reimburse UOBM for such amounts paid. I am aware that I may receive calls, SMS and marketing collateral/information on products and services of other UOB Group companies not distributed by UOBM. In the event that I choose not to receive such calls or marketing collateral/information, I am aware that I will have to take steps to contact UOB Contact Centre 03-26128121.

*I hereby consent to the Bank to disclose any information (not including my banking details/banking affairs) that I have provided, to the Bank's authorized third party merchants, other entities within the UOB Group or business strategic partners for marketing, promotional and/or cross-selling purposes.

Yes No

I understand that at any time in the future, should I intend to withdraw my consent, I can submit a request at any UOB branch or via email to uobcustomerservice@uob.com.my (or such other address notified by the Bank).

Note : The provision of this form does not necessarily indicate that UOBM will accept and issue the Card to the Cardmember. UOBM reserves the right to reject any application without assigning any reasons whatsoever.

Applicant's Signature

Date

Before you acknowledge receipt and/or use the Visa/MasterCard Card issued by United Overseas Bank (Malaysia) Berhad, please read carefully the Terms and Conditions under the Cardmember Agreement that will be sent with the Visa/MasterCard Card. For a full and detailed list of our charges, kindly log on to our website www.uob.com.my

7. For Bank Use Only								
For Branch/Internal Use		CORP. ACC. NO.						
Introduced and/or Comp	leted By	DIV. ACC. NO.						
Comments		COLL MODE						
Name		Processing Group : A31						
Signature	Date	BNM Assign ID :						
Designation	Tel/Ext	For BPA Use						
Staff ID		Source of Wealth						
DIV/Dept/Br		Anticipated Account Activity:						
Source Code								
Product Code								

United Overseas Bank (Malaysia) Bhd 199301017069 (271809-K)



