# Request For Document

## Part 1 My / Our Particular

| | |
|---|---|
| Name (as per NRIC / Passport/ Business Registration) | |
| NRIC/ Passport No./ Business Registration No. | |

## Part 2 My / Our Request

1. I/ we request a copy of the following document(s) :

**Account Number:**

1 ____ - ____ - ____ - ____
2 ____ - ____ - ____ - ____
3 ____ - ____ - ____ - ____
4 ____ - ____ - ____ - ____
5 ____ - ____ - ____ - ____
6 ____ - ____ - ____ - ____

- ☐ Statement of Account
- ☐ Withdrawal Slip/ Debit Advice
- ☐ Deposit Slip/ Credit Advice
- ☐ Security Document
- ☐ Cheque Image
- ☐ Clearing Cheque
- ☐ Image Return Document
- ☐ Others _____

Information on the document(s) requested
*[e.g. statement for xx month, cheque number etc.]*

_____

_____

**Principal Credit Card Number:**

1 ____ - ____ - ____ - ____
2 ____ - ____ - ____ - ____
3 ____ - ____ - ____ - ____
4 ____ - ____ - ____ - ____
5 ____ - ____ - ____ - ____
6 ____ - ____ - ____ - ____

- ☐ Statement of Credit Card (request by principal cardholder only)

Information on the document(s) requested
*[i.e. statement for xx month]*

_____

_____

2. I / we request for certification of the document(s) requested ☐ No ☐ Yes
3. Please deliver the document(s) to me/ us as follows :- ☐ To collect at branch ☐ By Courier

Please complete the below if document to be collected by Authorised Person Name (as per NRIC/ Passport) _____

NRIC/ Passport No. _____ Contact Number: _____

## Part 3 Payment

Account/ Credit Card Number to be Debited/ Charged:

- ☐ Savings Account/ Current Account Number : ____ - ____ - ____ - ____
- ☐ Principal Credit Card Number : ____ - ____ - ____ - ____

*(only applicable for request of credit card statement)*

**For Bank Use Only: TXCD: 6004 | Amount: RM_____.00

## Part 4 Declaration

I / We understand that the copy document is subject to the fees and charges. For details of the charges, please refer to UOB Fees & Charges at our website: www.uob.com.my

Customer Signature

Date: DD - MM - YYYY

## Part 5 Acknowledged Receipt

I hereby acknowledge receipt of the copy of document requested.

Name:

ID no.:

Recipient's Signature

Date: DD - MM - YYYY

## Part 6 For Bank Use Only

**For statement request**
☐ Waiver
Branch Code:
Cost Centre:

☐ OTC [1] ☐ Mail In [4]
☐ Offsite (with Biometric)[2] ☐ Fax [5]
☐ Offsite (without Biometric)[3]
Offsite Collected By: _____

| | RM |
|---|---|
| Service Fee<br>1006200070 (SVC-DEP-CA)<br>1006200520 (SVC-DEP-SA) | |
| Courier Fee<br>1007622080 (RECY-COURIER) | |
| Total Charges (RM): | |

Attended By _____ Approved By _____

Name
Rec Date & Time
Name

☐ Customer Signature Verified [1,2,3] ☐ Supporting Document, if any [1,2,3,4,5]
☐ MyKad Biometric Verified [1,2]

Reason for copy document:

**For time sensitive Credit Card Statement printed and collected at branch:
Branch to raise Service Request via C360/GCR.
SR Type: (Branch Only) Credit Card - Fee Collection_COPC Account Services

**CHQ IMAGE REQUEST (SNV)**; SLA = T, latest T+1 Day
**REQUEST FOR FINANCIAL STATEMENT IND (SNV)**; SLA = T, latest T+1 Day
**REQUEST FOR FINANCIAL STATEMENT N.IND (SNV)**; SLA = T, latest T+1 Day
**ODS-STATEMENT (SNV)**; SLA = T, latest T+1 Day

| EWF Maker | EWF Checker |
|---|---|
| Name<br>Scan Date & Time<br>Job Batch ID No. | Name<br>QR Date & Time<br>No. of Pages |

For attention of ☐ Branch _____ ☐ RIOC/ CMOC ☐ GSU ☐ T & O ☐ Others Copy made on: (ddmmyy)


United Overseas Bank (Malaysia) Bhd. (Reg. No. 199301017069 (271809-K))