


United Overseas Bank (M) Bhd ("UOB") – eAlerts Application Form

CIF No. _____ (For Bank Use)

 Please mail/drop completed form to **Transaction Banking, Level 9, Menara UOB, Jalan Raja Laut, 50350 Kuala Lumpur**

Complete the form by filling up where appropriate

Business Details (Mandatory Fields)

| | | | |
|--------------------------|-----------------------------------|---|--|
| Business Name | | Business Registration No. | |
| Business Mailing Address | PLEASE DO NOT USE P.O. BOX | | |
| Contact Person Name | | Business email <small>(All communications and reports will be sent to this email. You may include more than ONE email)</small> | |
| Contact Person Name | | Contact No. | |

Section A : Designated Account for Fees and Charges (Mandatory Fields)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| This is the monthly Charges for the usage of eAlerts Service | RM10.00 per email per account <small>(Inclusive of GST)</small> | | | | | | | | | | |
| Debit Fee from this Designated Account No. (This Designated Account is used to debit all applicable fees and charges, taxes or levies relating to use of eAlerts Service) | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
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Section B : Accounts to be Alerted and Email Address Details (Mandatory Fields)

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|--|------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A/C No. 1 | A/C No. 2 | A/C No. 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name of Authorised User(s) | Email Address of Authorised User(s) | Account(s) To Be Alerted <small>(Please note that each account will only be able to cater for a maximum of 5 email addresses)</small> |
|---------------------------------|-------------------------------------|--|
| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |
| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |
| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |
| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |
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| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |
| | | <input type="checkbox"/> A/C No. 1 <input type="checkbox"/> A/C No. 2 <input type="checkbox"/> A/C No. 3 |

- By signing below, I/we acknowledge and agree as follows: -
- (a) The person(s) whose information appear in Section A and B above and/or any other letter(s) of instruction is/are authorized to perform and effect the above services opted by us;
 - (b) The information in Section A and B is complete and accurate, and I/we shall immediately notify you in writing of any change therein;
 - (c) *Approved Persons as per Schedule of Approved Persons annexed to the Accounts & Services Resolution / any two of the Authorised Signatories as per the Standalone Resolution for the use of eAlerts (or if there is only one Authorised Signatory, that Authorised Signatory), be hereby authorized to operate the relevant notification account(s) of the Company as listed in the application form.
 - (d) I/We hereby authorize you to accept and act on my/our instructions pursuant to this application and to deduct any fees, charges, taxes or levies.
 - (e) I/We shall be bound by the terms and conditions governing the UOB eAlerts as amended and supplemented from time to time (available at www.uob.com.my)

| | | |
|---------------------------------|---------------------------------|---------------------------------|
| Name | Name | Name |
| Approved Person Date : _____ | Approved Person Date : _____ | Approved Person Date : _____ |

FOR BANK USE ONLY

| | |
|--|--|
| EWF Mode of Receipt <input checked="" type="checkbox"/> Mail In | Attended By Name : _____ Contact Information : _____ Office Email Address : _____ |
|--|--|