₩UOB ★#&



CIF No.

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

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

(For Bank Use)

Business Name PLEASE DO NOT USE P.O. BOX Business Mailing Address PLEASE DO NOT USE P.O. BOX Business Mailing Address PLEASE DO NOT USE P.O. BOX Contact Person Name Contact No. Contact Person Name Contact No. Section A 1 Designated Account for Fees and Charges (Musdamy Tetals) RM10.00 per ental per account (Ref address of SDI Debing and Account for Fees and Charges (Musdamy Tetals) Debt Fee from this Designated Account No. (This Designated Account No. (This Designated Account No. Chis Desig	Business Details (Mandatory Field	s)			
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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 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 Approved Person Date : Mame Approved Person Date : Approved Person Date : Attended By Mail In Mame : Contact Information : 			□ A/C No	D. 1 □ A/C No. 2 □ A/C No. 3	
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Approved Person Date : Approved Person Date : Approved Person Date : FOR BANK USE ONLY EWF Mode of Receipt Attended By X Mail In Name : Contact Information :	 (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. 				
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