

Request For Document

Part 1 My / Our Particular		
Account Name		
NRIC / Passport No./ Business Registration No.		
Account No.		
Contact No.		
Person authorised to collect		NRIC / Passport No.

Part 2 My / Our Request	
1. I/we request a copy of the following document(s) :	
<input type="checkbox"/> Cheque Image	<input type="checkbox"/> Image Return Document (Duplicate)
<input type="checkbox"/> Clearing Cheque (original)	<input type="checkbox"/> Deposit Slip / Credit Advice
<input type="checkbox"/> Withdrawal Slip / Debit Advice	<input type="checkbox"/> Security Document
<input type="checkbox"/> Statement of Account	
<input type="checkbox"/> Others, please specify _____	
Additional Information on the document(s) requested [e.g. statement for xx month, cheque number etc.]	
2. I / we request for certification of the document(s) requested	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Please deliver the document(s) to me/us as follows :-	
<input type="checkbox"/> To collect at branch	<input type="checkbox"/> By Courier

Part 3 Payment																			
Debit from Savings Account / Current Account	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> </table>					-						-					-		
				-						-					-				

Part 4 Declaration		# Only applicable for Person authorised to collect																																					
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		I hereby acknowledge receipt of the copy of document requested.																																					
Customer Signature		Recipient's Signature																																					
Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						-														Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						-													
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Part 5 For Bank Use Only			
<input type="checkbox"/> OTC ¹ <input type="checkbox"/> Offsite(with Biometric) ² <input type="checkbox"/> Offsite(without Biometric) ³ Offsite Collected By: _____ <input type="checkbox"/> Mail In ⁴ <input type="checkbox"/> Fax ⁵	Attended By _____ Name _____ Rec Date & Time _____ <input type="checkbox"/> Customer Signature Verified ^{1,2,3} <input type="checkbox"/> MyKad Biometric Verified ^{1,2}	Approved By _____ Name _____ _____ <input type="checkbox"/> Supporting Document, if any ^{1,2,3,4,5}	EWF Maker _____ Name _____ Scan Date & Time _____ Job Batch ID No. _____ EWF Checker _____ Name _____ QR Date & Time _____ No. of Pages _____

Reason for copy document:		For statement request		For attention of										
Branch Code:	Cost Centre:	<table border="1"> <tr> <td><input type="checkbox"/> Waived</td> <td>Service Fee</td> <td>Courier Fee</td> </tr> <tr> <td>GL No.</td> <td>1006200071 (SVC-DEPCA)</td> <td>1007622081 (RECY-COURIER)</td> </tr> <tr> <td></td> <td>1006200521 (SVC-DEP-SA)</td> <td></td> </tr> </table>	<input type="checkbox"/> Waived	Service Fee	Courier Fee	GL No.	1006200071 (SVC-DEPCA)	1007622081 (RECY-COURIER)		1006200521 (SVC-DEP-SA)		<input type="checkbox"/> Branch _____ <input type="checkbox"/> T & O _____ Copy made on _____	<input type="checkbox"/> COC / CMOC <input type="checkbox"/> GSU <input type="checkbox"/> Others (ddmmyy)	
<input type="checkbox"/> Waived	Service Fee	Courier Fee												
GL No.	1006200071 (SVC-DEPCA)	1007622081 (RECY-COURIER)												
	1006200521 (SVC-DEP-SA)													
Charges (RM):	Postage (RM):	Total Charges (RM):												