

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) :

<p>Account Number:</p> <p>1 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>2 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>3 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>4 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>5 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>6 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/></p> <p>Statement of Account Cheque Image Withdrawal Slip/ Debit Advice Clearing Cheque Deposit Slip/ Credit Advice Image Return Document Security Document Others _____</p> <p>Information on the document(s) requested <i>[e.g. statement for xx month, cheque number etc.]</i></p>	<p>Principal Credit Card Number:</p> <p>1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Statement of Credit Card (request by principal cardholder only)</p> <p>Information on the document(s) requested <i>[i.e. statement for xx month]</i></p>
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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: - -

Part 5 Acknowledged Receipt

I hereby acknowledge receipt of the copy of document requested.

Name: _____

ID no.: _____

Recipient's Signature

Date: - -

Part 6 For Bank Use Only

<p>For statement request</p> <p><input type="checkbox"/> Waiver</p> <p>Branch Code: _____</p> <p>Cost Centre: _____</p>	<p><input type="checkbox"/> OTC¹ <input type="checkbox"/> Mail In⁴</p> <p><input type="checkbox"/> Offsite (with Biometric)² <input type="checkbox"/> Fax⁵</p> <p><input type="checkbox"/> Offsite (without Biometric)³</p> <p>Offsite Collected By: _____</p>	<p>**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</p>		
<p>Service Fee</p> <p>1006200070 (SVC-DEP-CA)</p> <p>1006200520 (SVC-DEP-SA)</p> <p>Courier Fee</p> <p>1007622080 (RECY-COURIER)</p> <p>Total Charges (RM): _____</p>	<p>Attended By _____ Approved By _____</p> <p>Name _____</p> <p>Rec Date & Time _____ Name _____</p> <p><input type="checkbox"/> Customer Signature Verified^{1,2,3} <input type="checkbox"/> Supporting Document, if any^{1,2,3,4,5}</p> <p><input type="checkbox"/> MyKad Biometric Verified^{1,2}</p>	<p>CHQ IMAGE REQUEST (SNV); SLA = T, latest T+1 Day</p> <p>REQUEST FOR FINANCIAL STATEMENT IND (SNV); SLA = T, latest T+1 Day</p> <p>REQUEST FOR FINANCIAL STATEMENT N.IND (SNV); SLA = T, latest T+1 Day</p> <p>ODS-STATEMENT (SNV); SLA = T, latest T+1 Day</p>		
		<table border="1"> <tr> <td style="width: 50%;"> <p>EWF Maker</p> <p>_____</p> <p>Name _____</p> <p>Scan Date & Time _____</p> <p>Job Batch ID No. _____</p> </td> <td style="width: 50%;"> <p>EWF Checker</p> <p>_____</p> <p>Name _____</p> <p>QR Date & Time _____</p> <p>No. of Pages _____</p> </td> </tr> </table>	<p>EWF Maker</p> <p>_____</p> <p>Name _____</p> <p>Scan Date & Time _____</p> <p>Job Batch ID No. _____</p>	<p>EWF Checker</p> <p>_____</p> <p>Name _____</p> <p>QR Date & Time _____</p> <p>No. of Pages _____</p>
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<p>Reason for copy document:</p> <p>For attention of <input type="checkbox"/> Branch <input type="checkbox"/> RIOC/CMOC <input type="checkbox"/> GSU <input type="checkbox"/> T & O <input type="checkbox"/> Others Copy made on: _____ (ddmmyy)</p>				