

**UOB Phone Banking
Application Form**Please send complete form to:
P.O.BOX 11212,
50738 Kuala Lumpur,
Malaysia

*All fields are mandatory

*** PART 1. MY PARTICULARS**

Name (as in NRIC/Passport)	<input type="text"/>
NRIC No. (new/old)/Passport No.	<input type="text"/>

*** PART 2. CORRESPONDENCE for Delivery Access ID & Password Mailer (Please [√] ONE)**

Correspondence relating to my application will be sent to the mailing address of the following account / credit card number indicated below :

<input type="checkbox"/> Account Number	<input type="text"/>
OR	
<input type="checkbox"/> Credit Card Number	<input type="text"/>

*** PART 3. I WOULD LIKE TO APPLY FOR (Please [√] where applicable)**

<input type="checkbox"/> UOB Phone Banking Service Security Password (Mother's maiden name)	<input type="text"/>
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Limited to maximum of 20 characters

*** PART 4. DECLARATION**

By signing, I

- confirm that I have read and understood that I agree to be bound by the Terms and Conditions of UOB Phone Banking (copies of which are available at the Bank's website www.uob.com.my) and confirm I fully understand the contents and effects thereof;
- signify my concurrence to accept, adopt and be bound by all the provisions under the Terms and Conditions, including any changes made thereto by the United Overseas Bank (Malaysia) Bhd (UOB) from time to time at its sole discretion;
- acknowledged that all my account(s) held with UOB shall be automatically registered for UOB Phone Banking unless I instruct you otherwise;
- I/We hereby confirm that I/We have received, read, understood and agreed to be bound by the Privacy Notice issued by United Overseas Bank (Malaysia) Bhd as may relate to the processing of my/our personal data.

Customer's Signature_____
Date

United Overseas Bank (Malaysia) Bhd (271809-K)

PART 5. FOR BANK USE
ACTION BY BRANCH

Checklist MyKad Verified Signature Verified
 Receipt Mode OTC Mailer

 Verified/Accepted by
 Name:
 Date:

 Approved by
 Name:
 Date:

EWF MAKER
EWF CHECKER

 Name:
 Scan Date & Time:
 Job Batch ID no.:

 Name:
 QR Date & Time:
 No. of pages:

ACTION BY RCSC
PBK Access ID

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 Verified/Accepted by
 Name:
 Date:

 Approved by
 Name:
 Date: