

COMMERCIAL CARD (CORPORATE MEMBER) APPLICATION FORM

COMMERCIAL CARD FACILITY REQUIREMENTS

Indicate Number Of The Following Commercial Cards Required			
<input type="checkbox"/> UOB RP-CARD	<input type="checkbox"/> UOB P-CARD	<input type="checkbox"/> UOB CORPORATE Card	<input type="checkbox"/> UOB BUSINESS Card
Indicate Total Credit Limit Required (subject to approval by United Overseas Bank (M) Bhd. at its absolute discretion.)		Select Card Payment Brand Preferred	
RM _____,00 (In 000's)		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa

COMPANY PARTICULAR

Registered Name of Business _____ Company Name to Appear on Card _____ Business Address _____ _____ _____ Postcode _____ Tel No _____ Email Address _____	Business Registration No. _____ Years in this Business _____ Classification of Business _____ Place of Incorporation _____ Nature of Business _____ Date of Commencement (DD/MM/YYYY) _____ Details of Bankers <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Bank (Branch)</th> <th style="width:50%;">Current Account No.</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Details of External Auditors Name & Contact Person _____ Details of Company Secretary Name & Contact Person _____	Bank (Branch)	Current Account No.				
Bank (Branch)	Current Account No.						

CONTACT PERSON

Name _____	Staff ID/ Last 4 digit of NRIC _____
Tel/ Fax/ Mobile _____	E-Mail _____
Name _____	Staff ID/ Last 4 digit of NRIC _____
Tel/ Fax/ Mobile _____	E-Mail _____

STATEMENT OF APPLICANT

I/We the undersigned solemnly confirm that I/we, is/are the duly authorized person(s) of this organization mentioned in this form to complete and submit this application for and on behalf of the organization. Our organisation hereby request United Overseas Bank (Malaysia) Bhd (hereinafter referred to as UOB) to issue the UOB Commercial Cards facility that I/we have indicated on this form. UOB is hereby authorised to disclose any information which you or your representative may require from time to time without reference to us and we authorise you to disclose any information regarding our particulars and any account we maintain with you to any third party as you deem necessary and our signing of this application form shall constitute our written permission for any such disclosure pursuant to Section 99 of the Banking and Financial Act 1989 or for any other disclosure imposed by the law; we have read understood and agree to be bound by the Terms and Conditions of the UOB; we warrant that all the information provided by us in this Application Form and the documents submitted are true and correct and we authorize the UOB to verify the information provided and to obtain from any financial institution, the Director General of Inland Revenue, credit information or credit reference providers and any other sources that UOB shall deem necessary any information which UOB may require; we agree that our organization shall be fully liable for all unsettled/outstanding liabilities which may be incurred in respect of UOB Commercial Card facilities issued upon our request to such person(s) whom our organization shall appoint/authorize as Cardmember(s) and that UOB may require the joint and several guarantee of the directors/owners of our organization for the UOB Commercial Card facility.

Signed for and on behalf of the above-named company (authorize signatory of the company)

Signatory	Signatory	Company Stamp
Name : NRIC : Designation :	Name : NRIC : Designation :	Date : _____
Signature :	Signature :	

FOR BANK USE ONLY

Completed by	Reviewed by
Name	Name
Comments	Comments
Signature	Signature
Date	Date
Staff ID [][][][][]	Staff ID [][][][][]
Branch [][][] Product Code [][][][][]	Div / Dept.