



ATM Card No.

BRANCH CODE / CIF NO.

PHONE BANKING ACCESS ID (New)

GENERAL REQUEST FORM FOR DELIVERY CHANNEL SERVICES

For Personal Customers Only

INTERNET BANKING (PERSONAL) ACCESS ID (New)

MY PARTICULARS

* Name of Customer : _____

* NRIC No. (new) : - - NRIC (old)/PP No.

* Address : _____

 (Post Code) (Town/City)

* My Security Password (Mother's Maiden Name - ATM/PBK customer only) : _____

MY REQUEST APPLIED FOR

ATM

Please freeze my card which is found missing :- Lost Stolen Others _____

I return my ATM card for cancellation. Reason : Forgotten PIN Damage Card Apply New Card Others _____

Please issue me a replacement card

Please delink the following from my Account List

Please change my primary account for ATM transactions.
 Savings Account Current Account

Please change my Primary Account for Point-of-Sales/Plus ATM Transactions

I request to active my ATM PIN

Please reset my Monthly Spending Limit RM (not exceeding RM15,000)

Please reset my Montly Spending Limit

I found my card

Add / Removal of ATM Services : i.e. IELECT10, PLUS ATM etc

UOB 121 Phone Banking Service

Request for Access ID (First Time)

Replace Access ID Delete Access ID

 (Old Access ID)

*My reason for replacement of UOB 121 Access ID :-
 Activation TPIN Failed (ACTF)
 Forgotten TPIN (PINF)
 Others(please specify) _____

UOB Internet Banking (Personal) Service

New Registration (First Time)
 Re-register
 Termination

Optional :

UOB Transaction Authorisation Code Service

Transaction Authorisation Code (TAC)
 Mobile phone number to be used :

***ACKNOWLEDGEMENT**

This is to confirm that I have activated my new
 ATM / UOB 121 Phone Banking / Internet Banking TPIN
 I have witnessed the destruction of old card

Signature of Access ID Holder _____
 Date : _____

Link / De-link accounts [ATM/Phone Banking / Internet Banking (Personal)]

DECLARATION

By signing below, I
 - confirm that I have received a copy of the ATM / UOB 121 Phone Banking Service Terms and Conditions (hereinafter called "Terms and Conditions") and I have read the same and confirm understand the
 - Signify my concurrence to accept,adopt and be bound by all the provisions under the Terms and Conditions, including any charges made thereto by the Bank from time to time at its sole discretion;
 - consent to the linking of all my account(s) held with UOB and instructions given for Bill Payment service (if applicable) to the ATM / UOB 121 Phone Banking Service / UOB Internet Banking (Personal) Service;
 - acknowledge that all my account(s) held with UOB shall be automatically registered for ATM / UOB 121 Phone Banking Service / UOB Internet Banking (Personal) Service unless I instruct you otherwise.
 - understand that the mobile phone number will be used for the purpose of TAC only. My existing records with the Bank will not be updated with this mobile phone number.

Customer's Signature _____

Date _____

FOR BANK USE

ACTION BY BRANCH

Checklist:

MyKad Verified
 Signature Verified

Enclosures:

Copy of customer's NRIC/PP/Other ID
 Application for 3rd Party Pre-Authorised Instruction
 Bill Payment Service Application Form

Verified /Input by _____ Approved By _____
 Name : _____ Name : _____
 Date : _____ Date : _____

ACTION BY UOB 121 - FULFILLMENT
 (For Delete Access ID/Link or De-link Account)

UOB 121's Branch Authorised Signatures Verified
 By Fax
 By Mail
 (Original form for request of de-link or link account(s) is required for action)

Verified /Input by _____ Approved By _____
 Name : _____ Name : _____
 Date : _____ Date : _____