

## 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

☐ No ☐ Yes

3. Please deliver the document(s) to me/us as follows :-

☐ To collect at branch ☐ By Courier

### Part 3 Payment

Debit from Savings Account / Current Account

	-		-		-	
--	---	--	---	--	---	--

### 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](http://www.uob.com.my)

### # Only applicable for Person authorised to collect

I hereby acknowledge receipt of the copy of document requested.

Name

ID no. as per NRIC/PP

Customer Signature

Date: 

--	--	--

 - 

--	--	--

 - 

--	--	--	--	--	--

Recipient's Signature

Date: 

--	--	--

 - 

--	--	--

 - 

--	--	--	--	--	--

### Part 5 For Bank Use Only

<input type="checkbox"/> OTC <sup>1</sup> <input type="checkbox"/> Offsite(with Biometric) <sup>2</sup> <input type="checkbox"/> Offsite(without Biometric) <sup>3</sup> Offsite Collected By: _____  <input type="checkbox"/> Mail In <sup>4</sup> <input type="checkbox"/> Fax <sup>5</sup>	Attended By _____ Name Rec Date & Time <input type="checkbox"/> Customer Signature Verified <sup>1,2,3</sup> <input type="checkbox"/> MyKad Biometric Verified <sup>1,2</sup>	Approved By _____ Name Supporting Document, if any <sup>1,2,3,4,5</sup>	<b>CHQ IMAGE REQUEST (SNV); SLA = T, latest T+1 Day</b> <b>REQUEST FOR FINANCIAL STATEMENT IND (SNV); SLA = T, latest T+1 Day</b> <b>REQUEST FOR FINANCIAL STATEMENT N.IND (SNV); SLA = T, latest T+1 Day</b> <b>ODS-STATEMENT (SNV); SLA = T, latest T+1 Day</b>
	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

Branch Code:	<input type="checkbox"/> Waived	Service Fee	Courier Fee
Cost Centre:	GL No.	1006200071 (SVC-DEPCA)	1007622081 (RECY-COURIER)
Charges (RM):	Total Charges (RM):		

### For attention of

<input type="checkbox"/> Branch _____	<input type="checkbox"/> COC / CMOC	<input type="checkbox"/> GSU
<input type="checkbox"/> T & O _____	<input type="checkbox"/> Others	
Copy made on		(ddmmyy)