UOB 大华银行

PERBANKAN ISLAM

Operating Mandate

(This form is to be used in the event when there are more than 4 Authorised Signatories.)

Registered Name:		Registration/ Incorporation No.:	

Particulars of Additional Authorised Signatory(ies)

Name:	Name:
IC/PP No.: DOB*(DDMMYYYY)*	IC/PP No.: DOB*(DDMMYYYY)*
Residential Address: Postcode: State: -Select-	Residential Address: Postcode: State: -Select-
HP No.: e-mail:	HP No.: e-mail:
Designation: Gender: -Select-	Designation: Gender: -Select-
Signature Group: Race: -Select-	Signature Group: Race: -Select-
Country of Birth: -Select- Nationality:	Country of Birth: -Select- Nationality:
Name:	Name:
IC/PP No.: DOB*(DDMMYYYY)*	IC/PP No.: DOB*(DDMMYYYY)*
Residential Address: Postcode: State: -Select-	Residential Address: Postcode: State: -Select-
HP No.: e-mail:	HP No.: e-mail:
Designation: Gender: -Select-	Designation: Gender: -Select-
Signature Group: Race: -Select-	Signature Group: Race: -Select-
Country of Birth: -Select- Nationality:	Country of Birth: -Select- Nationality:

Signing Condition

☐ Singly ☐ All to sign ☐ Any _____ to sign

☐ Refer to Special Instruction _____

Execution by the Applicant *

1. By signing below, we confirm that we have read and understand Part F: Customer's Declaration and that the information given in this application form are true and accurate.
2. We hereby consent and confirm that the signature(s) of the authorised signatory(ies) above shall supersede the existing specimen(s) signature of the respective authorised signatory

Signatures

*Name:	*Name:
*Name:	*Name:

Note:
*Approved person under Account & Services Resolution/ Director & Company Secretary / Director under Board Resolution

Note: To be signed in the presence of the Bank officer.