

## Account-Opening For Non-individual Customers

Thank you for choosing us for your business needs.

We are pleased to attach herewith an account-opening pack to assist you in opening an account with us. It includes a document checklist, a non-individual account application form and other forms. The documents in the checklist must be provided to the Bank to facilitate the opening of the account.

You can obtain and read the terms and conditions governing our non-individual accounts at [uob.com.sg](http://uob.com.sg) or by clicking on the following hyperlinks:

- [Terms and Conditions Governing Accounts and Services](#)
- [Additional Terms and Conditions Governing Accounts and Services](#)

If you have any enquiry, please contact your Relationship Manager or visit any of our branches or call **1800 226 6121** to speak with our customer service officers.

We look forward to being of service to you.

## Document Checklist:

Professional Practice	
<b>Please bring the following documents to the branch for account-opening:</b>	
<input type="checkbox"/>	<b>Non-Individual Account Application Form</b> Please complete the form with the required details. The completed form must be signed in the presence of an authorised UOB officer.
<input type="checkbox"/>	<b>Original identification documents of:</b> <ul style="list-style-type: none"><li>• All professional individual(s)</li><li>• All approved persons</li><li>• All approved signatories</li></ul> The above individuals must be present at the branch with their original identification documents (such as NRIC or passport) to open the account.
<input type="checkbox"/>	<b>Original Professional Practising Certificate</b>
<b>If applicable, please also provide:</b>	
<input type="checkbox"/>	<b>Proof of residential address</b> If the residential address is not stated in an identification document, please provide original bank statements or utility bills issued to a residential address in the last three months as proof.

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**Important note:**

The Bank's receipt of the application form and supporting documents does not bind the Bank to open an account. The Bank reserves the right to reject the application without disclosing any reason.

**Notes:**

1. The Bank reserves the right to conduct a search on the professional practice and any cost incurred will be payable by the professional practice. Search fees paid by the professional practice are non-refundable in the event that the Bank rejects the application to open the account.
2. A service charge will be levied on accounts with an average daily balance that is below the amount set by the Bank. Please visit [uob.com.sg](http://uob.com.sg) for the prevailing account fees and service charges.
3. The Bank may request additional supporting documents as it deems necessary.

## APPLICATION TO OPEN ACCOUNT(S)

### Non-Individual Customer

To: _____ Limited Singapore		<b>FOR BANK USE</b>
		Application No:
<b>ACCOUNT(S) INFORMATION</b>		
Applicant Name: Account Name:		Registered ID:
*Date of Incorporation: *Country of Incorporation: *Country of Business Operation: _____ Estimated Annual Turnover: *Nature of Business:		<b>FOR BANK USE</b>
		ID Type/Country: Customer type: MAS industry Code:
*Registered Address:  Mailing Address:		Contact Information: Office: Fax No: Email:
* Not required to be filled if you have an existing account under the same applicant name		
<b>ACCOUNT(S) APPLIED FOR</b>		<b>FOR BANK USE</b>
#Account Type: _____ CCY _____ (Please tick either box) <input type="checkbox"/> Operating Mandate as per my / our existing A/C no.: _____ ^ <input type="checkbox"/> Per Operating Mandate		A/C No:
#Account Type: _____ CCY _____ (Please tick either box) <input type="checkbox"/> Operating Mandate as per my / our existing A/C no.: _____ ^ <input type="checkbox"/> Per Operating Mandate		A/C No:
#Account Type: _____ CCY _____ (Please tick either box) <input type="checkbox"/> Operating Mandate as per my / our existing A/C no.: _____ ^ <input type="checkbox"/> Per Operating Mandate		A/C No:
^ Any subsequent changes to the operating mandate of your existing account(s) shall not apply to the operating mandate of the new account(s) above.		
<b>CONFIRMATION &amp; AGREEMENT</b>		
We, the aforesaid Applicant named in this Application, through our approved person(s) named below:		
1. hereby request United Overseas Bank Limited/Far Eastern Bank Limited ("Bank") to open the Account(s) specified by us in the Application; 2. confirm that we have obtained and agree to be bound by the Bank's prevailing Terms and Conditions Governing Accounts and Services and Additional Terms and Conditions Governing Accounts and Services (also available at uob.com.sg and at the Bank's branches); and 3. in consideration of the Bank accepting the Application herein, represent, warrant and agree with the Bank that the signature(s) on this Application form shall constitute the specimen signature(s) of all our approved signatory(s) for the time being for the purpose of operating the Account(s) specified in this application unless and until we give notice to the Bank in writing of any change thereof. 4. hereby declare that the Applicant is a: <input type="checkbox"/> <b>Resident in Singapore</b> <input type="checkbox"/> <b>Non-Resident in Singapore</b> - to refer to Declaration of Residential Status for Purpose of Withholding Tax Form as attached		
<input type="checkbox"/> We confirm there has been no amendment made to our Memorandum and Articles of Association since the last time we provided a certified copy to the Bank. (please tick if applicable)		
#Singapore Dollar deposit(s), as listed in the UOB/FEB Insured Deposits Register (available at uob.com.sg), if held by or for an "insured depositor" and subject to the applicable provisions of the Deposit Insurance and Policy Owners' Protection Schemes Act 2011 of Singapore ("Act"), is insured under the Deposit Insurance Scheme up to the limits for the time being specified in the Act. "Insured depositor" has the meaning prescribed in the Act.		
_____ Authorised Signature Name: Date:		_____ Authorised Signature Name: Date:
<b>FOR BANK USE</b>		
Date of Resolution:	CTO Code:	No. of Cheque Books (to indicate if more than one):
<b>Attended By:</b>		<b>Approved By:</b>
Signature & Name	Date	Signature & Name Date

**OPERATING MANDATE** (to be completed by new applicant or customer with different operating mandate from existing account)

Account Name: \_\_\_\_\_

Part \_\_\_\_ / \_\_\_\_

SIGNING CONDITION	
Account Type: _____ CCY: _____ <u>Authorisation Limit</u> <input type="checkbox"/> Any Amount <input type="checkbox"/> Up to _____ <input type="checkbox"/> Above _____ to _____ <input type="checkbox"/> Above _____ to _____ <input type="checkbox"/> Above _____ <input type="checkbox"/> Other Signing Requirement _____	<u>Signing Requirements</u> _____ _____ _____ _____

PARTICULARS OF APPROVED SIGNATORY(S)	Please sign within the boxes below
Name: NRIC/Passport No.: Residential Address:  DOB: _____ Contact Information: Nationality: (H) _____ Gender: (O) _____ Designation: (HP) _____	Signature _____ Group: _____
Name: NRIC/Passport No.: Residential Address:  DOB: _____ Contact Information: Nationality: (H) _____ Gender: (O) _____ Designation: (HP) _____	Signature _____ Group: _____
Name: NRIC/Passport No.: Residential Address:  DOB: _____ Contact Information: Nationality: (H) _____ Gender: (O) _____ Designation: (HP) _____	Signature _____ Group: _____
Name: NRIC/Passport No.: Residential Address:  DOB: _____ Contact Information: Nationality: (H) _____ Gender: (O) _____ Designation: (HP) _____	Signature _____ Group: _____

_____ Authorised Signature Name: Date:	_____ Authorised Signature Name: Date:
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