

Date .....

 NOTE : Please  where applicable

You can apply this service at all UOBT Branch

 New Standing Instruction (Please complete all applicable boxes)

 Amendment of Existing Standing Instruction

**YOUR PARTICULARS**

Account Name .....	E-Mail address .....
Address .....	Telephone .....
Primary Account No. ....	Account Currency <input type="text"/> <input type="text"/> <input type="text"/>

**YOUR BENEFICIARY'S PARTICULARS**

I/We hereby authorise the Bank to issue payment to the following beneficiary:

Beneficiary's Name .....

Beneficiary's Address .....

Beneficiary's Account No. ....

SWIFT Code ..... Bank Code .....

Beneficiary's Bank .....

Beneficiary's Bank Address .....

(Not applicable for Demand Draft) .....

**YOUR PAYMENT DETAILS (Please tick ( ) one box only, where applicable)**

Payment Method <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Demand Draft	<b>CHARGES</b> (Please select 1 option, if no selection is made, applicant will bear UOB Thailand charges only) 1) Only UOB Thailand charges to be paid by applicant. <input type="checkbox"/> SHA 2) All local and overseas bank charges to be paid by applicant. <input type="checkbox"/> OUR 3) All local and overseas bank charges to be paid by beneficiary. <input type="checkbox"/> BEN
Frequency of Payment (Please Select) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Etc. ....	
Date of First Payment <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> No. Of Payment(s) ..... D D M M Y Y (i.e. date of first transfer, subsequent payments will be made on the same day (weekly instruction) and same date (monthly instruction) of each period specified by you in the above box. The first effective date must not fall on holiday. In case when the subsequent payment date falls on a banking holiday, the transfer shall be effective on the next banking day.)	
Date of Last Payment <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (Leave blank if you wish the instructions to continue until further notice) D D M M Y Y (Depending on underlying transaction, the bank may require supporting documents as deem appropriate so as to satisfy regulatory requirement. For all supporting documents, eg. salary certificate and work permit, are only applicable for 1 year from the effective payment date. The bank holds the discretion to ask customer to resubmit supporting document when deem necessary.)	
Transfer a fixed sum of (Please specify Currency and Amount) Currency <input type="text"/> <input type="text"/> <input type="text"/> Amount .....	
Reference No. ....	
Purpose Of Payment .....	

**AUTHORISATION & AGREEMENT**

I/We understand and agree that, if there are insufficient funds in my/our account on three consecutive occasions, or I/we cannot provide sufficient supporting document required by the Bank at any time during my/our instruction period, the Bank may cancel this instruction without prior advice to me/us. The Bank reserves the right to (i) terminate this instruction without prior advice at any time as deem appropriate; or (ii) refuse to comply with this instruction if it becomes unlawful or violates any laws and regulations applicable to the Bank at any time.

In such case, the Bank shall have no liability for any cost, expense, loss and damages incurred arising from or in connection with such termination. A charge may be levied, at the Bank's discretion, on each instruction payment rejected due to lack of funds. Any charges and expenses levied (including commission, postage and stamp duty) may be debited from my/our account mentioned above.

I/We shall indemnify, and hold harmless to, the Bank from and against all damages, penalties, fees, costs, charges, losses and liabilities which the Bank may incur as a result of the Bank performing in compliance with my/our instruction herein. I/We will provide any supporting documents in respect of this instruction to the Bank upon request.

Signature (s) .....	When customer request to cancel this Standing Instruction, please sign here.
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Remarks: - Bank will apply this transaction under daily counter exchange rate on date which transaction proceed.  
 - Amendment/Cancellation instruction must submit to bank at least 15 days prior to payment date.

<b>For Bank Use Only</b>		
Signature Verified By .....	Instruction in Total .....	Signature verified by (branch) .....
Date : .....	PR: .....	Authorized signature (D,E,F,) .....
Approve By .....		Authorized signature (D,E,F,) .....
Date : .....		Date : .....