┼┼┼ UOB
○○ BIBPlus

MAINTENANCE FOR UOB BUSINESS INTERNET BANKING (BIB) – PASSWORD AND TOKEN REQUEST

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1. **Applicant's ("My") business details**

Registered Business Name (EN)

Registered Business Name (TH)   Business Registration No.

Authorised Contact Person

Delivery Method for the Password and Security Token

☐ Collect at branch   ☐ Mail to last updated address

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2. **User access** ☑ *(Please tick where applicable)*

User 1 Details

Designation *(this is mandatory for all authorisers)*

Name   Action

User ID *(min 8 characters with no space special character)*   ☐ Activate user ID

                                                                     ☐ Get a new password

Email Address *(This is required to receive BIBPlus Email notifications)* ☐ Replacement of faulty token

Mobile No. *(This is required to receive BIBPlus SMS notifications)*   *(serial number)*

                                                                     ☐ Replacement of lost token

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User 2 Details

Designation *(this is mandatory for all authorisers)*

Name   Action

User ID *(min 8 characters with no space special character)*   ☐ Activate user ID

                                                                     ☐ Get a new password

Email Address *(This is required to receive BIBPlus Email notifications)* ☐ Replacement of faulty token

Mobile No. *(This is required to receive BIBPlus SMS notifications)*   *(serial number)*

                                                                     ☐ Replacement of lost token

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User 3 Details

Designation *(this is mandatory for all authorisers)*

Name   Action

User ID *(min 8 characters with no space special character)*   ☐ Activate user ID

                                                                     ☐ Get a new password

Email Address *(This is required to receive BIBPlus Email notifications)* ☐ Replacement of faulty token

Mobile No. *(This is required to receive BIBPlus SMS notifications)*   *(serial number)*

                                                                     ☐ Replacement of lost token

Note: 1. Each user can only tick either Activate my user ID or GET a new password. If both options are selected, the Bank will only issue a new password.

2. For issuing of new passwords, User ID will only be activated upon the Bank's receipt of Password Acknowledgement Slip.

3. By signing the above, the User(s) hereby agree to the Declaration in section 4.

3. **New Token Request**

No. of tokens required for Company User (s)

[   ]

Note: 1. Please fill in this section to apply for new token(s) for use by Company User(s) to login to BIBPlus.

2. A Company User is a person who is authorised by the Applicant to perform day-to-day transactions not requiring mandate authority such as account enquiries and creating but not approving transactions, and to receive, hold and/or use any token on the Applicant's behalf.

3. Company Administrator needs to login to BIBPlus before he/she can assign the token(s) to Company User(s).

4. The Applicant does not need to buy a new token for a Company User if the Company User is also the Company Administrator and/or Company Signatory and has an existing token.

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4. **Identification of Connected Parties** (if you have more than 7 Connected Parties, you can add more detail in Appendix – Add Connected Parties)

Connected Parties refer to 1. All directors as specified in company affidavit.

2. Natural persons who have executive authority e.g., Chairman/ CEO/ CFO/ COO or equivalent (At least one person).

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
		☐ Authorized director	☐ Non-authorized director

ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
		☐ Authorized director	☐ Non-authorized director

ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
		☐ Authorized director	☐ Non-authorized director

ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
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ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
		☐ Authorized director	☐ Non-authorized director

ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)		Designation
		☐ Yes	☐ No	

Title	First - Last Name / Other Name (English)	Type of director (select one only)	
		☐ Authorized director	☐ Non-authorized director

ID Card / Passport (Default ID Card)	Country of Issuance (Default TH)	Expiry Date (if any)	Nationality

Title	First - Last Name / Other Name (Thai)	Executive authority control (select one only)	Designation

Executive authority control (select one only)
☐ Yes ☐ No

Title	First - Last Name / Other Name (English)	Type of director (select one only)

Type of director (select one only)
☐ Authorized director ☐ Non-authorized director

ID Card / Passport (Default ID Card)   Country of Issuance (Default TH)   Expiry Date (if any)   Nationality

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5. Declaration by Applicant and/or User(s)

I/We, the User(s) and /or on behalf of the Applicant, hereby:

a) make the above request(s).

b) request the Bank to issue the number of Tokens as set out above.

c) confirm that I/we have read, understood and accepted the terms and conditions in the UOB Business Internet Banking Service Agreement available at www.uob.co.th/personal/tc/index.page#bibplus, and any amendment or variation thereof.

d) confirm that I/we have read, understood the terms and conditions applicable to each of the services with the Bank, and agree to be bound by such terms and conditions and any amendment or variation thereof.

e) confirm that all the information provided herein is true and accurate to the best of my/our knowledge as at the date of this application.

f) authorise the Bank to debit all fees and charges relating to this application and/or use of the BIB Service from any account of the Applicant. The bank will notify such actions to the Applicant after such actions within a reasonable period of time;

g) agree, to the fullest extent permitted by law, to indemnify and hold the bank harmless from and against any all costs, claims, demands, losses, charges and expenses howsoever and of whatsoever nature which the Bank may sustain, incur or be liable for in connection with, or arising as a consequence of this or any earlier application for, the use of the BIB service.

Authorised Person(s) / Approved Person(s)   Company Seal

Name   Signature   Name   Signature

Date   Date

Note: Authorised Person's/Approved Person's signature is required for request for replacement of lost token and issuance of new token(s).

For Bank's Use Only / สำหรับเจ้าหน้าที่ธนาคาร

เอกสารประกอบ
☐ สำเนาหนังสือรับรองจดทะเบียนบริษัทไม่เกิน 30 วัน ☐ สำเนาบัตรประชาชนของผู้มีอำนาจลงนาม
☐ สำเนาบัตรประจำตัวประชาชนของผู้ใช้งานระบบ ☐ หนังสือมอบอำนาจและสำเนาบัตรประจำตัวประชาชนของผู้รับมอบอำนาจ (ถ้ามี)
☐ อื่นๆ โปรดระบุ _____

รับรองความถูกต้องของชื่อบัญชี เลขที่บัญชี และลายมือชื่อเจ้าของบัญชี

สาขา   **สำนักงานใหญ่**
CIF No. _____   Company Group ID _____

ตรวจสอบโดย _____ (ลายมือชื่อผู้ตรวจ)   บันทึกรายการโดย _____ (ลายมือชื่อผู้บันทึก)
ชื่อผู้ตรวจ (_____) วันที่ ....../....../......   ชื่อผู้บันทึก (_____) วันที่ ....../....../......

ตรวจสอบโดย _____ (ลายมือชื่อผู้ตรวจ)   สอบทานโดย _____ (ลายมือชื่อผู้สอบทาน)
ชื่อผู้ตรวจ (_____) วันที่ ....../....../......   ชื่อผู้สอบทาน (_____) วันที่ ....../....../......

Remarks