

### Unet Enterprise Banking User Modification Form

PLEASE FILL OUT THE FORM IN BLOCK LETTERS

Branch Name: \_\_\_\_\_ Branch Code:     Date:

**Constitution Type:**

- Proprietorship Firm       Partnership       Private Limited/Limited Company  
 Government Body       Joint Venture       Other .....

**Existing Details of Enterprise:**

Entity Name:

Enterprise ID:                      Customer ID:

**Account No/s:**

- |                         |                         |
|-------------------------|-------------------------|
| a) <input type="text"/> | e) <input type="text"/> |
| b) <input type="text"/> | f) <input type="text"/> |
| c) <input type="text"/> | g) <input type="text"/> |
| d) <input type="text"/> | h) <input type="text"/> |

**1. Phone No. Change**

Current/Existing

Proposed/New

Phone No. in Enterprise:-

*\* Henceforth, all communication will be sent to the new Phone No.*

**2. Email ID Change**

Current/Existing

Proposed/New

Email ID in Enterprise:-

*\* Henceforth, all communication will be sent to the new Email ID*

**3. Authorized Signatory, Please Pick as Applicable.**       Addition       Modification       Deletion

Name	<input type="text"/>					
Designation	<input type="text"/>					
User ID	<input type="text"/>					
View Only	<input type="checkbox"/> Accounts	<input type="checkbox"/> Trade Services	<input type="checkbox"/> Loans	<input type="checkbox"/> FD/TD	<input type="checkbox"/> Credit Card	<input type="checkbox"/> All
Authorization Access	<input type="checkbox"/> Maker	<input type="checkbox"/> Authorizer	<input type="checkbox"/> 1 <sup>st</sup> Authorizer	<input type="checkbox"/> 2 <sup>nd</sup> Authorizer	<input type="checkbox"/> Final Authorizer	
Transfer Type (Specify Limit)	<input type="checkbox"/> Own Account	<input type="text"/>	<input type="checkbox"/> Within UCB	<input type="text"/>		
	<input type="checkbox"/> EFTN	<input type="text"/>	<input type="checkbox"/> RTGS	<input type="text"/>		
	<input type="checkbox"/> NPSB	<input type="text"/>	<input type="checkbox"/> Bulk Transfer	<input type="text"/>		
	<input type="checkbox"/> Bulk Mobile Recharge	<input type="text"/>	<input type="checkbox"/> Credit Card Bill Payment	<input type="text"/>		

**4. Daily Transaction Limit (Proposed)**

BDT

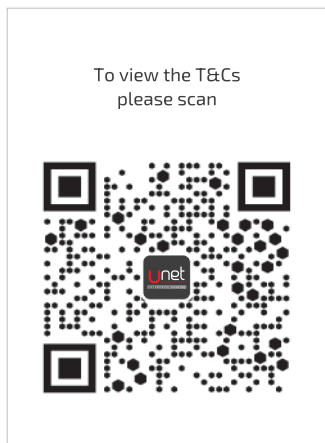
**5. Others (Please Specify)**

\* All fields are mandatory

**6. Declaration & Signature with Seal**

I hereby declare that the information provided in this Form is true, complete and accurate. I commit to comply all applicable Anti-Money Laundering (AML) and Combating the Financing of Terrorism (CFT) laws, rules, regulations and guidelines at all times and will not engage in any transactions that violates these laws, rules, regulations and guidelines. I further agree to promptly provide any updated information or documents required by the Bank and to adhere to the Bank's policies and regulations governing the account.

I have read, understood, and agree to the Bank's schedule of charges, account rules, and the terms and conditions for accounts and other services, as outlined at [https://www.ucb.com.bd/reports/unet/t&c-of-unet-enterprise-banking.pdf] or via the QR code provided below. By signing, I accept and agree to be bound by these rules and terms, including any future amendments.



Authorized Signature with Seal (as per board resolution)

<input type="text"/>
1st Signatory
<input type="text"/>
2nd Signatory
Date:
Place:

For Bank Use Only  
Authorized Signature of OM/HoB with Seal

<input type="text"/>	<input type="text"/>
Operation Manager	Head of Branch
Date:	Date:
E.ID.:	E.ID.:
Requested by:	

\*Requesting to provide related supporting documents as per Bank standard documentation policy.