

ACCOUNTS & SERVICES RESOLUTION

I/We, the undersigned, hereby certify that in respect of _____ (the "**Applicant**"), the following Resolutions dated _____ have been duly adopted and passed by the Applicant, which Resolutions are now in full force and effect.

RESOLVED:

Change in Appointment and Authority of Approved Persons

1. That these Resolutions are supplemental to the resolutions dated _____ passed for the operation of the Applicant's accounts and services ("Accounts" and "Services") with United Overseas Bank (China) Limited (the "Bank").
2. That the following changes be made in the appointment and authority of persons appointed as Approved Persons in respect of all the Applicant's existing and future Accounts and Services with the Bank:-

(tick checkbox(es) as appropriate)

- APPOINTMENT of ADDITIONAL NEW Approved Persons,**
the persons whose names are set out in the Schedule* (Schedule of New Approved Persons / Change in Signing Conditions) hereto be and are hereby appointed as additional Approved Persons with authority to take the actions pursuant to the existing mandate for the Applicant's Accounts and Services in accordance with the signing conditions set out in the Schedule* (Schedule of New Approved Persons / Change in Signing Conditions) hereto, for and on behalf of and in the name of the Applicant.
- REVOCAION of the authority of CERTAIN Approved Persons,**
the persons whose names are set out in the Schedule# (Schedule of Revocation of the Authority of Certain Approved Persons) hereto be and are hereby removed as Approved Persons.
- CHANGE in the signing conditions of EXISTING Approved Persons,**
the signing conditions of the Approved Persons be and are hereby amended in accordance with the signing conditions set out in the Schedule* (Schedule of New Approved Persons / Change in Signing Conditions) hereto.

OR

- REVOCAION of authority of ALL existing Approved Persons and APPOINTMENT of NEW Approved Persons,**
all existing Approved Persons be and are hereby removed and the persons whose names are set out in the Schedule* (Schedule of New Approved Persons / Change in Signing Conditions) hereto be and are hereby appointed as new Approved Persons with authority to take the actions pursuant to the existing mandate for the Applicant's Accounts and Services in accordance with the signing conditions set out in the Schedule* (Schedule of New Approved Persons / Change in Signing Conditions) hereto, for and on behalf of and in the name of the Applicant.
3. That save as expressly amended by these Resolutions, the resolutions passed in respect of the Applicant's Accounts and Services shall remain in full force and effect.
 4. That the Bank shall be entitled to a reasonable period of not less than seven (7) business days from receipt of these Resolutions to process the change in the appointment and authority of the Approved Persons stated in these Resolutions. Before the Bank has updated its record, the Bank may act in reliance on the mandates in force prior to the receipt of these Resolutions, and the Bank shall be indemnified and saved harmless from any loss suffered or liability incurred by it (including legal costs on a full indemnity basis) continuing to act in pursuance of the resolutions or instructions in force prior to the receipt of Resolutions.

Legend

* Please complete the Schedule of New Approved Persons / Change in Signing Conditions.

Please complete the Schedule of Revocation of the Authority of Certain Approved Persons.

SCHEDULE OF NEW APPROVED PERSONS / CHANGE IN SIGNING CONDITIONS

Applicant Name: _____
 (tick checkbox(es) as appropriate)

- The additional new Approved Persons,
- The change in the signing conditions of existing Approved Persons,
- The new Approved Persons to replace all existing Approved Persons,

are set out below:

Signing Conditions of Approved Person(s)

- Singly plus official stamp Any two jointly plus official stamp
- Others (please specify e.g. : “[One A and One B OR One A and One C OR Two Bs] plus official stamp”):

No	Particulars of Approved Person(s)	Group (A, B or C)	Specimen Signature(s) / Personal Chop(s)
1.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
2.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
3.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
4.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
5.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
6.	Name: IC/Passport No.: Designation/Title: Telephone No.:		
7.	Name: IC/Passport No.: Designation/Title: Telephone No.:		

[Please appoint Legal Representative or Person in Charge as one of the Approved Persons]

SCHEDULE OF REVOCATION OF THE AUTHORITY OF CERTAIN APPROVED PERSONS

Applicant Name: _____

The authority of the following Approved Persons, are hereby revoked:

No	Particulars of Approved Person(s)	No	Particulars of Approved Person(s)
1.	Name: IC/Passport No.: Designation/Title: Telephone No.:	2.	Name: IC/Passport No.: Designation/Title: Telephone No.:
3.	Name: IC/Passport No.: Designation/Title: Telephone No.:	4.	Name: IC/Passport No.: Designation/Title: Telephone No.:
5.	Name: IC/Passport No.: Designation/Title: Telephone No.:	6.	Name: IC/Passport No.: Designation/Title: Telephone No.:
7.	Name: IC/Passport No.: Designation/Title: Telephone No.:	8.	Name: IC/Passport No.: Designation/Title: Telephone No.:
9.	Name: IC/Passport No.: Designation/Title: Telephone No.:	10.	Name: IC/Passport No.: Designation/Title: Telephone No.:
11.	Name: IC/Passport No.: Designation/Title: Telephone No.:	12.	Name: IC/Passport No.: Designation/Title: Telephone No.:
13.	Name: IC/Passport No.: Designation/Title: Telephone No.:	14.	Name: IC/Passport No.: Designation/Title: Telephone No.:
15.	Name: IC/Passport No.: Designation/Title: Telephone No.:	16.	Name: IC/Passport No.: Designation/Title: Telephone No.:

SIGNATURES

Name:

IC/Passport No.:

Designation:

Name:

IC/Passport No.:

Designation:

Name:

IC/Passport No.:

Designation:

Name:

IC/Passport No.:

Designation:

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Name:

IC/Passport No.:

Designation:

Name:

IC/Passport No.:

Designation:

Name:

IC/Passport No.:

Designation:



Official Stamp of the Applicant

(Legal Representative or Person in Charge)

Name:

IC/Passport No.:

Designation: