# ⪫⪫⪫ UOB    SGQRAPFSG001    SGQR

## SGQR REGISTRATION / AMENDMENT / DE-REGISTRATION FORM

**IMPORTANT NOTE: ALL FIELDS ARE COMPULSORY UNLESS OTHERWISE STATED.**

### 1. Please read the instructions before filling up the form

| For Registration (*Please select one that applies*) | | For Amendment (*Please select all that apply*) | | For De-Registration (*Please select one that applies*) | |
|---|---|---|---|---|---|
| My business does not have an SGQR yet, how do I get one? *Please fill up all sections except 3a.* | ☐ | I am changing my registered SGQR details. (e.g. name on SGQR label or Payment Reference). *Please fill up all sections.* | ☐ | I am closing my outlet(s) / business(es) / cashier counter(s) *Please fill up all sections except 3b.* | ☐ |
| I have SGQR code / labels for some outlets / cashier counter, how do I get SGQR for my other outlets / cashier counter? *Please fill up all sections except 3a.* | ☐ | I want to request additional SGQR labels. *Please fill up all sections.* | ☐ | I no longer need PayNow on my SGQR code / label *Please fill up all sections except 3b.* | ☐ |
| My outlet is moving to a new location; I need a new SGQR *Please fill up all sections.* | ☐ | I want to accept PayNow payment on my existing SGQR Label / Code. *Please fill up all sections.* | ☐ | I no longer need PayNow and SGQR. *Please fill up all sections.* | ☐ |

### 2. BUSINESS / ORGANISATION INFORMATION

| | |
|---|---|
| Business Registered Name | |
| Business Registration Number/UEN | |

### 3a. SGQR ID (if applicable)

| | |
|---|---|
| Existing SGQR ID *(SGQR ID can be found at the top right corner of your existing label)* | |

### 3b. DETAILS REQUIRED FOR SGQR

| | |
|---|---|
| Name on Label *(max 25 chars including spaces)* | |
| | |
| Payment Reference *(Optional. Max 25 chars including spaces)* *(This would be reflected on your corporate statement and cannot be edited by payee. Avoid using special characters.)* | |
| | |
| PayNow Proxy *(e.g. UEN+Suffix)* | |

| Outlet Address | Postal Code *(mandatory)* | |
|---|---|---|
| | Outlet Level *(min 2 chars, default as 00 if blank)* | Unit Number *(min 2 chars, default as 00 if blank)* |
| | Miscellaneous *(Optional, default as 0000 if blank E.g. Counter ID, Terminal ID, etc.)* | |

| Number of SGQR Labels *(4 SGQR labels will be mailed to address registered with the bank)* | ☐ 4 <br> ☐ Others (in sets of 4) ____ |
|---|---|

### 3c. CONTACT DETAILS

| | | | |
|---|---|---|---|
| Name | | | |
| Email Address | | Contact Number | |

### 4. DECLARATION, ACCEPTANCE & CONSENT

I/We wish to apply for your services to facilitate my/our registration and/or update of my/our PayNow corporate proxy with the central repository for the SGQR (the "**CR**") and such other related services for facilitating payments from my/our customers to me/us through the SGQR scheme. By submitting this application form, I/we warrant, represent and undertake as follows:

*True and Accurate Information*

I/We confirm that the information and documents given in this application are complete, true and accurate. I/We understand that you are under no duty or obligation to verify and authenticate any information and documents provided by me/us and that I/we bear all responsibility in any errors and all matters arising from any incomplete, untrue or inaccurate information.

*Terms and Conditions*

By signing and submitting this form, I/we agree to be bound by the "Terms and Conditions Governing SGQR Service" (the "**Terms**"), as amended or supplemented from time to time (available at uob.com.sg), which I/we have read.

*Personal Data*

I/We consent to you collecting, using, archiving, storing and/or disclosing any and all information and Personal Data (as defined under the Personal Data Protection Act 2012) which I/we provide to you or arising from our use of the Services or Transactions (the "**Data**") for any and all purposes relating to my/our use of or participation in the Singapore Quick Response Code (SGQR) Scheme (the "**Scheme**") and/or your provision of any services to me/us.

Without limitation to the foregoing, I/we authorize and consent to:

(a)     you disclosing to the operator of the Scheme (the "**Operator**") and the SGQR Scheme owners (the "**Owners**") the Data for the purpose of providing, maintaining and enhancing the Scheme and related services;

(b)     your uploading the Data to the CR;

(c)     the disclosure to the public (by the Operator, Owners or you) of any of the following as may be derived or generated from the Data:

　　(i)     my/our SGQR quick response code;

　　(ii)    my/our unique identification(s) in the CR, comprising such information and particulars as required by you and/or the Operator from time to time;

　　(iii)   any file or output as provided by the Operator to you or generated by you in such format approved by the Owners; and

(d)     you, the Operator or any third party service providers of the Operator or Owners disclosing, processing and using the Data for conducting analysis to understand market behaviour, preferences and trends, and to review, develop and improve the quality of any services;

(e)     the Operator receiving, processing, archiving and retransmitting the Data to all members of the Scheme, their affiliates and customers.

I/We confirm the accuracy, truthfulness and completeness of the Data provided to you and where Personal Data or information of any other person is provided to you, I/We confirm that I/we have provided notice to and procured such person's consent for disclosure and use of such Personal Data and information for the purposes stated above.

I/We undertake to inform you promptly in writing where there are any changes in the Data.

My/Our consent and authorization herein shall be without prejudice to and does not limit or derogate from any other consent or authorization given to you pursuant to any other agreement.

*Authorised Signatory*

The person(s) signing and submitting this application (the "**Signatory**") has/have been duly authorised by us to do so and I/we have passed, obtained and/or executed all necessary internal and/or corporate resolutions, authorisations and other action in accordance with our constitutional documents for the Signatory to sign and submit this application and to be my/our sole representative to you in all matters relating to the agreement comprised herein and in the Terms.

*Indemnity*

I/We undertake to indemnify you for any and all losses, liabilities, damages, costs, charges and expenses (including legal costs), actions, demands and proceedings including those incurred or sustained in connection with any enquiry, investigation, action, suit, proceeding, claim, demand, judgment, award, order or settlement, arising from any breach of my/our obligations herein.


_____          _____
Authorized Signatory                                                              Authorized Signatory

Name/ Designation:                                                             Name/ Designation:

Date:                                                                                    Date:

**5. FOR BANK USE ONLY**

| Received By | Signature Verified | Processed By | Approved By | Remarks |
|---|---|---|---|---|
| Date: | Date: | Date: | Date: | |
| Name & Sign: | Name & Sign: | Name & Sign: | Name & Sign: | |

**Annex**

Details of new Outlet (   ):

| 3a. SGQR ID (if applicable) | |
|---|---|
| Existing SGQR ID *(SGQR ID can be found at the top right corner of your existing label)* | |

| 3b. DETAILS REQUIRED FOR SGQR | | | | |
|---|---|---|---|---|
| Name on Label *(max 25 chars including spaces)* | | | | |
| | | | | |
| Payment Reference *(Optional. Max 25 chars including spaces)* | | | | |
| *(This would be reflected on your corporate statement and cannot be edited by payee. Avoid using special characters.)* | | | | |
| PayNow Proxy *(e.g. UEN+Suffix)* | | | | |
| Outlet Address | Postal Code *(mandatory)* | | | |
| | Outlet Level *(min 2 chars, default as 00 if blank)* | | Unit Number *(min 2 chars, default as 00 if blank)* | |
| | Miscellaneous *(Optional, default as 0000 if blank. E.g. Counter ID, Terminal ID, etc.)* | | | |
| Number of SGQR Labels *(4 SGQR labels will be mailed to address registered with the bank)* | ☐ 4 ☐ Others (in sets of 4) _____ | | | |

Details of new Outlet (   ):

| 3a. SGQR ID (if applicable) | |
|---|---|
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| 3b. DETAILS REQUIRED FOR SGQR | | | | |
|---|---|---|---|---|
| Name on Label *(max 25 chars including spaces)* | | | | |
| | | | | |
| Payment Reference *(Optional. Max 25 chars including spaces)* | | | | |
| *(This would be reflected on your corporate statement and cannot be edited by payee. Avoid using special characters.)* | | | | |
| PayNow Proxy *(e.g. UEN+Suffix)* | | | | |
| Outlet Address | Postal Code *(mandatory)* | | | |
| | Outlet Level *(min 2 chars, default as 00 if blank)* | | Unit Number *(min 2 chars, default as 00 if blank)* | |
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_____          _____
Authorized Signatory                                                        Authorized Signatory
Name/ Designation:                                                          Name/ Designation:
Date:                                                                                Date: