



U-ONLINE SERVICE REQUEST FORM

PLEASE COMPLETE IN CAPITAL LETTERS

UNITHOLDER INFORMATION

UTCID: _____

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

IDENTIFICATION 1:

Driver's Permit: _____

Passport: _____

National ID: _____

Other: _____

IDENTIFICATION 2:

Driver's Permit: _____

Passport: _____

National ID: _____

Other: _____

TYPE OF REQUEST : *Tick the appropriate boxes.*

RE-ACTIVATION OF UTC U-ONLINE ACCESS

DE-ACTIVATION OF UTC U-ONLINE ACCESS

REASON FOR RE-ACTIVATION:

FORGOT USER ID/USER NAME

UNABLE TO GENERATE ONE TIME PASSWORD

PREVIOUSLY REQUESTED ACCOUNT DE-ACTIVATED

OTHER

REASON FOR DE-ACTIVATION:

NO LONGER INTERESTED IN THE SERVICE

OTHER

PLEASE INDICATE THE TELEPHONE NUMBER(S) YOU WOULD LIKE TO BE CONTACTED AT TO HAVE YOUR REQUEST COMPLETED.

TELEPHONE NUMBER: (HOME) _____

(WORK) _____

(MOBILE) _____

SIGNATURE OF UNITHOLDER: _____

DATE: ____ / ____ / ____

DD MM YY

FOR OFFICIAL USE ONLY

Prepared By: (Print Name) _____

Signature _____

COMPANY STAMP: _____ IC CODE: _____

DATE: ____ / ____ / ____

DD MM YY

CONTACT CENTRE VERIFICATION:

Manager/Supervisor: (Print Name) _____

Signature _____

DATE: ____ / ____ / ____

DD MM YY