SSB1: APPLICATION FOR SELF-SERVICE BANKING SERVICES (INDIVIDUAL)



- ATM Card/ Internet Banking/Phone Banking User ID/PIN will be mailed via ordinary mail to the address of the primary account.
- Account holders between 12 and 15 years old are not eligible to apply for ATM Card unless with parental/guardian/joint holder consent.
- Account holders below 16 years old are not eligible to apply for Internet Banking.

Please send to: DBS Bank Ltd	d – Acco	ount Ser	rvices,	Simpang Be	dok Post Offic	e, PO Box 21	5, Singapore	<u>914808.</u>				
Name:												
IC/ Passport No. :												
PART A: ATM CARD APPLICATION												
I would like to apply for (✓ appropriate box): ☐ DBS ATM Card ☐ POSB ATM Card												
Name to appear on ATM Card and display over the ATM (Limit to 23 characters)												
Magnetic Stripe (Overseas Use)			☐ All	ow from	(dd/	mm/yy) to	(dd/mm/yy)				
			☐ Dis	Disallow								
☐ Start Now with No Expiry Date												
Daily ATM Cash Withdrawal Lir	nit ¹	□ S\$5	00	□ S\$1,000	□ S\$2,000	□ S\$3,000	□ S\$5,000	□ S\$9,000				
Daily ATM 3rd Party Funds Transfer Limit ¹				□ S\$3,000		S\$5,000	□ S\$9,0	000				
Daily NETS Limit 1			00	□ S\$1,000	□ S\$2,000	□ S\$3,000	□ S\$5,000	□ S\$9,000				
Primary Account No. (S\$Current/Autosave/Savings/Savings Plus):												
Primary account is used for ATM Car Bill Payment service and debiting of f	d transacti	ions witho	out acco	ount selection, e. 's mailing addres	g. ATM Fast Casi ss will follow the a	h / NETS, corresp address of the pri	oondence and wh mary account.	ere applicable,				
Secondary Account(s) to be 1)			3)									
linked to my ATM Card:	2) 4)											
 CPF Investment (✓ if this is the only account applied) For existing users, account(s) stated above will be included to the respective services, and account will supersede previous primary account specified. Auto-access to CPF Investment Account & Securities Financing Account (SFA) if one S\$ CA/ATS/SA/SP is tagged to the service. 												
 If no limit is selected, limit will be set to the corresponding default limit: default daily cash withdrawal limit: \$\$2,000 [\$\$200 for age < 16]; default daily ATM 3rd party funds transfer limit: \$\$5,000; default daily NETS limit: \$\$2,000 [\$\$200 for age < 16; NETS limit change is not allowed for age < 16]). 												
PART B: PHONE BANKING / IBANKING APPLICATION												
Phone Banking Please link the account below as my primary account for Phone Banking: S\$Current/Autosave/Savings/Savings Plus*												

PART C: DECLARATION (Important: Please read before signing)

Please link the account below as my primary account for Internet Banking:

- 1. I agree to be bound by the Terms and Conditions Governing Electronic Services, which apply to the self-service banking facilities herein. I understand that a copy of the Terms and Conditions Governing Electronic Services is available at www.dbs.com.sg.
- 2. The ATM Card ("Card") and PIN shall be sent to me by mail to my mailing address at my own risk. I understand that it is my responsibility to take necessary precautions to safeguard my Card and PIN.

S\$Current/Autosave/Savings/Savings Plus*

- 3. I agree that the primary account(s) as stated in Part A/B will be linked to my ATM Card/Phone Banking/iBanking* account respectively as specified by me.
- 4. I agree that the secondary account(s) as stated in Part A are in order of priority.

□ Internet Banking

- 5. I agree that if my primary account is terminated for whatever reason, DBS Bank Ltd ("DBS") is entitled to link the secondary account as stated herein as the primary account for my ATM Card, subject to DBS' approval.
- 6. I confirm that the information given in this application is complete, true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately inform DBS of such change or inaccuracy.
- 7. I acknowledge that DBS has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.

PART C: DECLARATION (Important: Please read before signing)

8. I understand and acknowledge that this application will be processed within 5 working days upon DBS' receipt of the completed form

Declaration on Card's magnetic stripe for overseas use (where applicable)

- 1. I acknowledge and agree that:
 - allowing the Card's magnetic stripe for overseas use will enable me to perform (where applicable) (a) Cash withdrawal at overseas ATMs (except for DBS American Express[®] Cards); (b) Credit Card overseas Cash Advance; and/or (c) Credit Card and Debit Card overseas retail transactions at magnetic stripe (swipe) terminals;
 - ii. the magnetic stripe for overseas use can be subsequently allowed/disallowed via iBanking or at any DBS/POSB ATMs in Singapore (Note: The risk of unauthorised transactions occurring on the ATM / Debit / Credit Card is higher when the magnetic stripe is enabled for overseas use, as the magnetic stripe information can be easily copied. It is recommended that the magnetic stripe for overseas use be disabled when in Singapore.); and
 - iii. DBS reserves its rights to disable the magnetic stripe for overseas use at its discretion at any time without notice or liability to any party.

Signature/Thumbprint [#] Account Holder				Date				
CONSENT FOR USE OF ATM CARD FACILITY								
I, the undersigned, do hereby declare my consent to my child's/ward's/student's* account being linked to the ATM card and his/her operation of the ATM card facility in accordance with the Terms and Conditions Governing Electronic Services.				I, the undersigned, do hereby declare my consent to my joint account being linked to the child's ATM card and his/her operation of the ATM card facility in accordance with the Terms and Conditions Governing Electronic Services.				
Consented By Parent/Guardian/School Principal or Designate :				Consented By Joint Accountee: Name :				
Name :				IC/Passport No.*:				
IC/Passport No.*:				Joint Account No.:				
Address (if different from account holder's):				Address (if different from account holder's):				
Signature/ Thumbprint [#] & Stamp of Institution				Signature/ Thumbprint# of Joint Accountee				
For DBS Bank's Use: Parent's/Guardian's IC/Original Letter of Authorisation from School/Joint Accountee identification sighted.								
Signature/Thumbprint Ver	ified By:			Date:				
CUSTOMER ACKNOWLEDGEMENT FOR INSTANT ISSUANCE OF SSB AT THE BRANCH								
☐ selected m		y Phone Banking	elected my ATM Card P PIN at DBS ed my iBanking PIN at DE					
Signature/Th			nature/Thumbprint	[#] of Account Holder*	Date			
*Thumbprint must be taken and witnessed at Branch. Please sign as per your DBS/ POSB Bank account records. * Delete where applicable. ~Designate includes Vice Principal or Head of Department.								
FOR DBS BANK'S USE ONLY								
Action by Branch				by Credit Ops no: AH0016)	Action by Account Services (CP no: AH0011)			
Attended By (Name, Signature, Date)	SV	d By: nature, Date)	Attended by: Authorised by:		Authorised by: Keyed in by:			
(CS) IDS	(cs) IDS		Branch Name/Branc	ch Code:	Report checked by:			