

# DBS IDEAL MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Please complete this form in **BLOCK LETTERS**.

\*Mandatory Fields

Company Name\* \_\_\_\_\_  
Organisation ID\* \_\_\_\_\_

## 3 ADD NEW/EDIT EXISTING USER

Tick where applicable ☒

Note: 2 Contact Persons must be provided.

As part of our enhanced security process, we require you to provide us with a **valid mobile number & email address**. An invalid mobile number or email address may result in the inability to authenticate you and affect your login.

The 2FA mode will be the **IDEAL digital token**. If a Physical Token is required, kindly indicate it in the Additional information section (SGD\$50.00 charge applies per token).

☐ Add **OR** ☐ Supersede **OR** ☐ Remove

Name (as in NRIC/Passport)\* \_\_\_\_\_ NRIC/Passport No.\* \_\_\_\_\_  
Nationality\* \_\_\_\_\_ Date of Birth (DD/MM/YYYY)\* \_\_\_\_\_  
Preferred IDEAL User ID \_\_\_\_\_ Mobile No.\* \_\_\_\_\_  
(8-12 alphanumeric characters, ie. A-Z, 0-9)  
Email\* \_\_\_\_\_

### Service(s) & Role(s)

Role(s) Service(s)	Transaction Maker	Transaction Authoriser	Please indicate authoriser group for this user: (e.g. A, B, C, D, or E, if applicable to Authorisation Policy)
Payment			
Payroll			
Collection			
Trade			
Loan <sup>2,3</sup>			
Others			

☐ Enquiry ☐ Loan Enquiry

☐ DealOnline (Foreign Exchange)<sup>1</sup>

☐ Contact Person

#### Customer Self Administrator<sup>3</sup> (at least 2 required)

Administrator(s) will have the ability to add or remove a Transaction maker and authoriser, modify any user access to accounts and services, unlock Security Device, manage company authorisation policy, and more as listed in Section C - Service Types & User Roles.

Additional Information

\_\_\_\_\_

### Access to which Account(s)?

☐ All IDEAL Accounts **OR** ☐ The Accounts Listed Below

\_\_\_\_\_

☐ Add **OR** ☐ Supersede **OR** ☐ Remove

Name (as in NRIC/Passport)\* \_\_\_\_\_ NRIC/Passport No.\* \_\_\_\_\_  
Nationality\* \_\_\_\_\_ Date of Birth (DD/MM/YYYY)\* \_\_\_\_\_  
Preferred IDEAL User ID \_\_\_\_\_ Mobile No.\* \_\_\_\_\_  
(8-12 alphanumeric characters, ie. A-Z, 0-9)  
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\_\_\_\_\_

<sup>1</sup> Separate control policy applies, refer to **Reference Notes** section **C**

<sup>2</sup> Authoriser groups are not available for Loan. Please fill up section 6.

By signing this form, I/we hereby confirm that I/we have read "Maintenance Form Reference - Section 9 (Agreement and Authorised Signatories)", and agree to abide and be bound by the terms and conditions.

Authorised signatories required

Name:	Signature:	Name:	Signature:
Date:	<b>SIGN HERE</b>	Date:	<b>SIGN HERE</b>