

DBS IDEAL MAINTENANCE FORM (FOR SUBMISSION TO BANK)

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

*Mandatory Fields

Company Name* _____

Organisation ID* _____

5 AUTHORISATION POLICY

Tick where applicable ☒

Payment from **S\$0** to **S\$50,000** requires signatory from **Any 1 Authoriser**.

Payment from **S\$50,000** to **S\$100,000** requires **1** signatory from **Group A** **or 1** from **Group B and 1** from **Group C**.

From	To	Authorisation Requirement	
0	50,000	No. of Authoriser required <input checked="" type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <input type="checkbox"/> Sequential Authorisation
50,000	100,000	No. of Authoriser required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories 1A or 1B and 1C <input type="checkbox"/> Sequential Authorisation

Note: If 'Payment currency in SGD' is selected for this policy, it will apply to payments of any currency in its SGD equivalent.

If 'Specific Payment Currency' is selected for this policy, it will ONLY apply to payments in that said currency

The total transaction value of the batch will be used to calculate the authorisation limit.

The upper limit of each level of authorisation policy will be the transaction limit for each transaction approved by the relevant authoriser(s) per authorisation requirement(s) below and made from the applicable account.

- ☐ ALL Debit Accounts **OR** ☐ Specific Debit Account _____
- ☐ Payment currency in SGD **OR** ☐ Specific Payment Currency _____
- ☐ All Services **OR** ☐ Payment ☐ Payroll ☐ Collection ☐ Trade ☐ Others _____

From	To	Authorisation Requirement	
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <input type="checkbox"/> Sequential Authorisation
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <input type="checkbox"/> Sequential Authorisation
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <input type="checkbox"/> Sequential Authorisation

Additional Information

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:	SIGN HERE	Date:	SIGN HERE