

DBS FORM FOR CHANGE OF ACCOUNT SIGNATORIES AND SIGNING REQUIREMENTS

Please use this form to:

- add/remove/update authorised signatories of your account(s) with us
- change the signing requirements of your account(s) with us
- add/remove users (who are also authorised signatories) of your DBS IDEAL™ 3.0 or DBS IDEAL™ eREPORTS services¹
- add/remove cardholders (who are also be authorised signatories) of your DBS Corporate ATM Card or DBS Business Advance Card¹

1. ACCOUNT INFORMATION

Customer Name (as per bank's records)

Accounts To Be Updated

- All DBS accounts
 Only following DBS accounts:

1. _____ 2. _____ 3. _____

2. ADDITION OF NEW AUTHORISED SIGNATORIES, USERS AND/OR CARDHOLDERS

Details of new authorised signatories to add to the account(s)		Please tick all applicable products/services for which the authorised signatory named on the left is to be added. Please also provide us with the requested details of the person to whom we are to issue a new DBS Corporate ATM Card or DBS Business Advance Card.)																					
1. Name:		DBS IDEAL™ 3.0																					
NRIC/Passport No.:	Nationality:	<input type="checkbox"/> Enquiry <input type="checkbox"/> Transaction Maker ³ <input type="checkbox"/> Transaction Authoriser ³																					
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	MODULES REQUIRED															
D	D	M	M	Y	Y																		
Telephone No.: + _____ - _____ (Mobile ²)	Group (Eg. A,B or C) : (if applicable)	<input type="checkbox"/> Cash Management <input type="checkbox"/> Trade Finance <input type="checkbox"/> Both																					
Telephone No.: + _____ - _____ (Office)	Position Held:	DBS IDEAL™ 3.0 eREPORTS (No Internet Banking Access) Not Applicable if you or any other user has applied for DBS IDEAL™ 3.0 Internet Banking																					
Email ² :		<input type="checkbox"/> Email <input type="checkbox"/> Email & SMS ³																					
Specimen Signature:		CARDS⁴																					
		<input type="checkbox"/> DBS Corporate ATM Card <input type="checkbox"/> DBS Business Advance Card																					
		Preferred Cardholder's Name																					
		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

¹ If you wish to sign up for DBS IDEAL™ 3.0, DBS IDEAL™ eREPORTS, DBS Corporate ATM Card or DBS Business Advance Card, please complete and submit the relevant application form.
² Required for DBS IDEAL™ 3.0 and DBS IDEAL™ eReports Email services.
³ Relevant charges may apply. A Maker is an individual who creates transactions. An Authoriser is an individual who approves transactions.
⁴ Refer to the DBS Corporate ATM & DBS Business Advance Cards, details on page 4.



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2. ADDITION OF NEW AUTHORISED SIGNATORIES, USERS AND/OR CARDHOLDERS (CONTINUED)

2. Name:		DBS IDEAL™ 3.0 <input type="checkbox"/> Enquiry <input type="checkbox"/> Transaction Maker ³ <input type="checkbox"/> Transaction Authoriser ³							
NRIC/Passport No.:	Nationality:								
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Telephone No.:	(Mobile ²)	Group (Eg. A,B or C) : (if applicable)							
+	-								
+	(Office)	Position Held:							
+	-								
Email ² :									
Specimen Signature:									
3. Name:		DBS IDEAL™ 3.0 <input type="checkbox"/> Enquiry <input type="checkbox"/> Transaction Maker ³ <input type="checkbox"/> Transaction Authoriser ³							
NRIC/Passport No.:	Nationality:								
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Telephone No.:	(Mobile ²)	Group (Eg. A,B or C) : (if applicable)							
+	-								
+	(Office)	Position Held:							
+	-								
Email ² :									
Specimen Signature:									
4. Name:		DBS IDEAL™ 3.0 <input type="checkbox"/> Enquiry <input type="checkbox"/> Transaction Maker ³ <input type="checkbox"/> Transaction Authoriser ³							
NRIC/Passport No.:	Nationality:								
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y
D	D	M	M	Y	Y				
Telephone No.:	(Mobile ²)	Group (Eg. A,B or C) : (if applicable)							
+	-								
+	(Office)	Position Held:							
+	-								
Email ² :									
Specimen Signature:									

DBS FORM FOR CHANGE OF ACCOUNT SIGNATORIES AND SIGNING REQUIREMENTS

3. DELETION OF AUTHORISED SIGNATORIES, USERS, AND/OR CARDHOLDERS

Details of authorised signatories to delete	Please tick all applicable products or services for which the authorised signatory named on the left should be removed as a user. Please also tick all applicable cards to be cancelled for the authorised signatory named to the left.
1. Name:	<input type="checkbox"/> DBS IDEAL™ 3.0 <input type="checkbox"/> DBS IDEAL™ eReports <input type="checkbox"/> DBS Corporate ATM Card (Card No.: _____) <input type="checkbox"/> DBS Business Advance Card (Card No.: _____)
NRIC/Passport No.:	
2. Name:	<input type="checkbox"/> DBS IDEAL™ 3.0 <input type="checkbox"/> DBS IDEAL™ eReports <input type="checkbox"/> DBS Corporate ATM Card (Card No.: _____) <input type="checkbox"/> DBS Business Advance Card (Card No.: _____)
NRIC/Passport No.:	
3. Name:	<input type="checkbox"/> DBS IDEAL™ 3.0 <input type="checkbox"/> DBS IDEAL™ eReports <input type="checkbox"/> DBS Corporate ATM Card (Card No.: _____) <input type="checkbox"/> DBS Business Advance Card (Card No.: _____)
NRIC/Passport No.:	
4. Name:	<input type="checkbox"/> DBS IDEAL™ 3.0 <input type="checkbox"/> DBS IDEAL™ eReports <input type="checkbox"/> DBS Corporate ATM Card (Card No.: _____) <input type="checkbox"/> DBS Business Advance Card (Card No.: _____)
NRIC/Passport No.:	
5. Name:	<input type="checkbox"/> DBS IDEAL™ 3.0 <input type="checkbox"/> DBS IDEAL™ eReports <input type="checkbox"/> DBS Corporate ATM Card (Card No.: _____) <input type="checkbox"/> DBS Business Advance Card (Card No.: _____)
NRIC/Passport No.:	

4. UPDATE OF SIGNATURE REQUIREMENTS

Authorisation Limit	Signature Requirement ⁵
<input type="checkbox"/> Any Amount	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two Jointly <input type="checkbox"/> Others: _____
<input type="checkbox"/> Up to \$	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two Jointly <input type="checkbox"/> Others: _____
Up to \$	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two Jointly <input type="checkbox"/> Others: _____
Up to \$	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two Jointly <input type="checkbox"/> Others: _____
Up to \$	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two Jointly <input type="checkbox"/> Others: _____
<input type="checkbox"/> Other Signature Requirements (please specify)	
<input type="checkbox"/> Proceed with authorized instruction without requiring Company stamp	
<input type="checkbox"/> Apply above signing requirements to DBS IDEAL™ Authorization Policy (If DBS IDEAL™ Authorization Policy is different from the above, please use the DBS IDEAL™ Maintenance form)	

5. CHEQUE INSTRUCTIONS

The bank (DBS Bank Ltd.) will continue to honour any unexpired cheques signed under the previous mandate and dated before the date upon which the bank updates the changes to your authorised signatories.

By ticking this box, you authorise the bank not to honour any cheques issued by you which are dated before the date on which we update the changes to your authorised signatories.

⁵ For Associations, Clubs & Society, please ensure that your signature requirements comply with your constitution.



DBS FORM FOR CHANGE OF ACCOUNT SIGNATORIES AND SIGNING REQUIREMENTS

SIGNING AND CONFIRMATION BY CUSTOMER

By signing below, you hereby represent, warrant and confirm to DBS Bank Ltd. ("DBS") that:

- You may provide personal data to DBS (including without limitation personal data of your office holder, employee, shareholder and beneficial owner) in connection with you establishing and maintaining your relationship with DBS. When providing any personal data to DBS, you confirm that you are lawfully providing the data for DBS to use and disclose for the purposes of:
 - providing products or services to you;
 - meeting the operational, administrative and risk management requirements of DBS Group; and
 - complying with any requirement, as DBS Group reasonably deems necessary, under any law or of any court, government authority or regulator. "DBS Group" means DBS Group Holdings Ltd and its affiliates.
- Paragraph 1 above shall be in addition and without prejudice to any right of disclosure that DBS may have under any applicable law or pursuant to any agreement that you may enter into with DBS from time to time.
- You are duly authorised by the entity named in Section 1 above to sign and deliver this form to DBS; and the Signatory/Signatories listed in Section 2 above are present officers of the Company/Association/Society, occupying the positions stated and that the signatures are those of the respective signatories.

Note: For Partnerships, all partners are required to sign. For Companies, two directors OR one director and one company secretary OR parties authorised as per your Board Resolution, are required. For society/club/association, any two of existing/outgoing Chairman, Secretary, or Treasurer are required. The signatures must be verified against the Bank records Or verified by the Bank staff/a Notary Public.

Name:		Name:	
Date:	Position:	Date:	Position:
Signature:		Signature:	

DBS CORPORATE ATM CARD

IMPORTANT: Your Card(s) will be implemented with these default setting

- Language at DBS ATM: English
- Choice of Service Option: Allow withdrawal transactions
- Monthly Card limit: \$30,000
- Card NOT enabled for overseas at VISA Plus ATMs/Interlink Outlets
- Daily Limits
 - Nets: S\$2,000
 - Transactions at Branch Counters: \$2,000
 - ATM Cash Withdrawal (and EZ Link/Cash Card Top-up): \$2,000
 - ATM Funds Transfer to 3rd Party DBS Account(s): \$3,000
 - ATM Funds Transfer to Your Own DBS Account(s) (not subject to monthly card limit): \$3,000

DBS BUSINESS ADVANCE CARD

Annual Fee: S\$30 p.a. per card

IMPORTANT: Your Card(s) will be implemented with these default setting

- PIN-based (ATM & NETS) Transactions:
- ATM Cash Withdrawals : S\$5,000
 - NETS: S\$5,000
 - Counter Card Operated Transactions: S\$5,000
 - ATM Fund Transfer to Non-Designated DBS Current Account(s): S\$5,000
 - ATM Fund Transfer to Designated DBS Current Account(s): S\$20,000 (not subject to card limit)
- Signature-based VISA Transactions:
- Transaction Limit: S\$3,000. This is the maximum amount you can spend per transaction.
 - Consolidated monthly Card Limit of signature-based & PIN-base (ATM & NETS): S\$50,000. (This limit will be reset on the last day of every calendar month.)

If you wish your card(s) settings to be different, please approach our branch staff for the necessary form.

CHECKLIST OF DOCUMENTS REQUIRED⁶

	Sole Proprietorship	Partnership	Company	Society / Club / Association
Change of Mandate Resolution/Form ⁷	✓	✓	✓	✓
Certified true copy ⁸ of IC/Passport of New Authorised Signatory	✓	✓	✓	✓
Certified true copy ⁹ Proof of Residential Address of All Authorized Signatories <ul style="list-style-type: none"> Document is dated within the last 3 months E.g.: Utility/Phone Bill, Bank Statement, Government Correspondence Or National Identity Card, etc. 	✓	✓	✓	✓
Constitution/Bye-Law ⁹ if there are changes to the previous one submitted			✓	✓
Certificate of Incumbency ⁹ (validity is within 12 months from this application) Or Register of Directors or equivalent ⁹			✓ (Company not registered in Singapore)	

⁶ The Bank may request additional documents.

⁷ The signatures must be verified against the Bank records OR verified by the Bank staff/a Notary Public.

⁸ IC/Passport is to be certified by Company Secretary for a Company OR the Bank Staff OR by practising Lawyer/Notary Public/Certified Public Accountant/Chartered Secretary in a FATF member country. The party certifying the IC/Passport cannot be the IC/Passport holder himself/herself.

⁹ Certified true copy by Company Secretary or Director for a Company OR any of Chairman/Secretary/Treasurer for a Society/Club/Association.