

# APPLYING FOR DBS CORPORATE ACCOUNT

## ACCOUNT PARTICULARS

- SGD Current Account       Foreign Currency Current Account ( \_\_\_\_\_ )       Autosave Account  
 SGD Fixed Deposit       Foreign Currency Fixed Deposit ( \_\_\_\_\_ )       SGD Currency Linked Investment (CLI) Account

Account Name (if to be different from Registered Name of Business)

## BUSINESS PARTICULARS

Registered Name: \_\_\_\_\_ Registration/Unique Entity No. (UEN): \_\_\_\_\_

- Association/Club/Society/Co-op       Partnership       Sole Proprietorship  
 Private Ltd. Co.       Public Ltd. Co. (Listed in S'pore)       Public Ltd. Co. (Not Listed in S'pore)  
 Others, please specify \_\_\_\_\_

Country of Registration/Incorporation:  
 Singapore       Others, please specify \_\_\_\_\_

Date of Registration/Incorporation: \_\_\_\_\_ Tax Status:  Resident     Non-Resident    Tel. No.: \_\_\_\_\_

Registered Address: \_\_\_\_\_ Account Mailing Address (if different from registered address): \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Website (if applicable): \_\_\_\_\_

Name of Contact Person & Position: \_\_\_\_\_  
 Office Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Nature of Business (Please Tick)

<b>Professional Practices</b> <input type="checkbox"/> Legal Services <input type="checkbox"/> Accounting/Auditing <input type="checkbox"/> Medical Services <input type="checkbox"/> Engineering/Architectural <input type="checkbox"/> Pharmacies & Drug Store  <b>Manufacturing</b> <input type="checkbox"/> Electronic Products <input type="checkbox"/> Food <input type="checkbox"/> Chemicals <input type="checkbox"/> Printing/Publishing <input type="checkbox"/> Plastic Products <input type="checkbox"/> Others	<b>Business Services</b> <input type="checkbox"/> Information Technology <input type="checkbox"/> Employment Agency <input type="checkbox"/> Accounting/Secretarial Services <input type="checkbox"/> Training/Educational <input type="checkbox"/> Property Agency <input type="checkbox"/> Reinsurance/Insurance Co <input type="checkbox"/> Building & Construction <input type="checkbox"/> Investment Holding  <b>Trading</b> <input type="checkbox"/> Import & Export <input type="checkbox"/> Retail <input type="checkbox"/> Arms Trading <input type="checkbox"/> Second-hand Car Dealer	<b>Transport &amp; Communications</b> <input type="checkbox"/> Land Transport <input type="checkbox"/> Air Transport <input type="checkbox"/> Water Transport <input type="checkbox"/> Services Related to Transportation of Goods <input type="checkbox"/> Services Related to Transportation of Passengers  <b>Customer Services</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Salon/Beauty Care <input type="checkbox"/> Restaurant & Catering <input type="checkbox"/> Entertainment <input type="checkbox"/> Gambling & Related  <b>Others (Please Specify)</b> _____
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## PARTICULARS OF AUTHORISED SIGNATORIES

Name of Proprietor/Partner/Others*	NRIC/Passport No.	Date of Birth	Nationality
1.			
2.			
3.			
4.			
5.			
6.			

# APPLYING FOR DBS CORPORATE ACCOUNT

## APPLYING FOR DBS AUTO-CHEQUE MAILING SERVICE

I understand that my chequebook will be sent to me via a method of delivery that is deemed to be most appropriate by the Bank at my cost and risk (including the risk of any information concerning the account arising thereby). I agree to have the delivery charge debited from my account.

Number of chequebooks to be sent for each chequebook request: \_\_\_\_\_

### Notes:

- Chequebooks issued for SGD Accounts contain 50 Cheques each.
- Chequebooks issued for Foreign Currency Current Accounts contain 25 Cheques each.

## AGREEMENT AND AUTHORISED SIGNATORIES AND STAMP (if applicable)

I/We request DBS Bank Ltd. (the "Bank") to open the above stated account(s), subject to the Bank's prevailing terms and conditions governing accounts and the terms and conditions governing the other respective services linked to these account(s) (collectively, the "Terms"), copies of which are available at [www.dbs.com](http://www.dbs.com) and from any branch of the Bank. I/We have read and understood the Bank's prevailing Terms and agree to abide and be bound by such terms and conditions (as each may be amended, supplemented, substituted and/or replaced by the Bank from time to time).

I/We authorise you to honour all payment instructions signed in accordance with the stated signature requirements. I/We agree not to overdraw my/our account without prior arrangement and approval. I/We represent and warrant that I/we have the power and authority to sign and deliver this application form and the resolution attached and that the information given by me/us in this form and any other document(s) submitted to the Bank are complete, true and accurate.

(If yours is a partnership, signatures of all partners are required. If yours is a company, signatures of authorised officers of the company for the highest limit, or signatures of officers authorised to open the account, are required.)

Signature Requirements:

Single     Joint (Any \_\_\_\_\_)     As per attached resolution/Other \_\_\_\_\_

Signature:

Signature:

Name:

Date:

Name:

Date:

Signature:

Signature:

Name:

Date:

Name:

Date:

Signature:

Signature:

Name:

Date:

Name:

Date:

## FOR BANK USE ONLY

Account No.: \_\_\_\_\_

Attended By (Name/Signature/Date):

Approved By (Name/Signature/Date):

## More on the Deposit Insurance Scheme

Deposit accounts held by individuals and charities are insured by the Singapore Deposit Insurance Corporation for up to \$20,000 in aggregate across specified accounts for each depositor under the Deposit Insurance Act. Central Provident Fund Investment Scheme accounts are separately insured for up to \$20,000 in aggregate for each depositor. Foreign currency deposits, structured deposits and accounts earmarked or held as collateral are excluded from insurance coverage.



## 7. USER PROFILE (For Enquiry Only/Enquiry & Transaction Initiation Services)

Please tick where applicable (Combinations allowed)			(For Transaction Initiation only)					For Bank Use
User Full Name/NRIC/Passport No./Email Address	Admin Officer	Enquiry Cash/ Trade	Maker		Authoriser		Specimen Signatures	User ID
			Cash/ Trade	Payroll	Cash/ Trade	Payroll		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name: NRIC/Passport No.: Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Notes:**

- Please specify the name of staff to be granted access with the various access rights in DBS IDEAL™.
- Please note that a Maker is one who creates transactions, and an Authoriser is one who approves them.
- Enquiry services will be granted to Maker and Authoriser by default.
- Please indicate if you would like to assign Payroll services to an individual user.
- The Admin Officer will be given access to Unlock User/Unlock Security Device/Approve Request to Reset Login PIN.
- At least two (2) Admin Officers will be required to process the administrative functions.
- The specimen signature is required for all Authorisers only. This signature will be used to match the signature of the Acknowledgement Letters.
- The email address will be used for notification purposes to individual users for any requests relating to DBS IDEAL™.

## 8. AUTHORISED SIGNATORIES

I/We hereby confirm that I/we have received DBS Electronic Banking ("EB") Services Terms and Conditions and Fee Schedule, which I/we have read, understood and accepted. In addition, I/we acknowledge that there are other terms and conditions and agreement(s) intended or expressed to govern the use of other relevant banking products and services offered by DBS Bank Ltd which may be used by me/us from time to time. I/We hereby confirm that I/we have read, understood and agree to be bound by such terms and conditions and agreement(s).

Signature:	Signature:
Name: _____ Date: _____	Name: _____ Date: _____

If yours is a partnership, the signatures of all partners are required. If yours is a company which has furnished DBS Bank Ltd with a standalone Electronic Banking Board Resolution, the authorised signatories must be the current authorised signatories specified in that document. For a company which has furnished DBS Bank Ltd with a Board Resolution for the opening of account that covers Electronic Banking services, the authorised signatories must be the current authorised signatories with the highest authorisation limit as specified in that document.

## FOR BANK USE ONLY

CHANNEL CREATOR	CHANNEL AUTHORISER
Name:	Name:
Signature & Date:	Signature & Date:

## Risk Disclosure Statement for the Application of Single Control in DBS IDEAL™

This disclosure statement discusses the characteristics and risks of having a single control ("Single Control") for transactions initiated through DBS IDEAL™ provided by DBS Bank Ltd (the "Bank", which expression includes its successors and assigns). For all transactions initiated through DBS IDEAL™, the system defaults to have dual control ("Dual control") in place such that no single person could initiate and approve transactions that would result in fraudulent actions.

Dual control is a procedure whereby the active involvement of two or more people is required to complete a specified process. This involves having a person responsible for creating the transaction and another individual of higher authority to approve the transaction in the system.

Dual Control is one of the foundations of Information Security as it is based upon the premise that, for a breach to be committed, then both parties would need to be in collusion and, because one should always alternate the pairs of people, it would require a much greater level of corruption in order to breach dual control procedures; especially if such procedures require nested dual control access, such that (say) 2 pairs of people are required to enable access.

Single Control is a procedure whereby only one person is required to complete a specified process. Thus, compared to Dual Control, Single Control for transactions may incur higher risks.

We have read the Risk Disclosure Statement for the Application of Single Control in DBS IDEAL™ as mentioned above. We hereby authorise the Bank to proceed with Single Control setup in DBS IDEAL™. We fully understand and acknowledge the characteristics of Single Control and the risks with this authorisation. We understand and agree that we shall assume and be responsible for all the risks associated with and losses arising out of or in connection with the application and use of Single Control in or through DBS IDEAL™. We undertake to indemnify and hold the bank fully indemnified from and against any loss, costs (including solicitor and client costs on a full indemnity basis), charges, damages, claims, demands, actions, proceedings and all other liabilities of whatever nature and howsoever incurred or suffered by the Bank or which may be brought or preferred against the Bank as a result of the Bank agreeing to act on our said authorisation. We also understand and agree that the bank may modify the Terms and Conditions for Electronic Banking Services or terminate the provision of Single Control procedure by notice to us at any time.

To be completed by Authorised Signatories

Signature:

Name:

Date:

Signature:

Name:

Date:

Company Name & Company Stamp (if applicable)

# APPLYING FOR DBS CORPORATE ATM CARD/PHONE BANKING

• Please note that the ATM Card/User ID/PIN will be mailed via ordinary mail to the address of the Primary Account.

## COMPANY PARTICULARS

Company's Name (as per Page 1 of DBS Corporate Account Application Form): \_\_\_\_\_  
 Business Registration No./UEN \_\_\_\_\_ Office No./Ext.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

## ATM Card Holder 1

<b>Name:</b> _____		<b>NRIC/Passport No.:</b> _____									
1. Language at DBS ATM (✓): <input type="checkbox"/> English <input type="checkbox"/> Select language at ATM 2. Choice of Service Option (for local use):		5. Services/Daily limits: Tick (✓) your choice of service, otherwise standard limits apply.									
<table border="1"> <thead> <tr> <th>(✓)</th> <th>Service Options</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>I. No withdrawal transactions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>II. Allow withdrawal transactions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>III. Allow withdrawal transactions &amp; balance inquiry</td> </tr> </tbody> </table>		(✓)	Service Options	<input type="checkbox"/>	I. No withdrawal transactions	<input type="checkbox"/>	II. Allow withdrawal transactions	<input type="checkbox"/>	III. Allow withdrawal transactions & balance inquiry	<input type="checkbox"/> NETS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (std/max \$2,000) <input type="checkbox"/> Transactions at Branch Counters <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (std/max \$5,000) <input type="checkbox"/> ATM Cash Withdrawal (and EZ Link/Cash Card Top-up) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (std \$1,000/max \$3,000) <input type="checkbox"/> ATM Funds Transfer to 3rd Party DBS Account(s) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (std/max \$3,000) <input type="checkbox"/> ATM Funds Transfer to Your own DBS Account(s) (not subject to monthly card limit) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (std/max \$20,000)	
(✓)	Service Options										
<input type="checkbox"/>	I. No withdrawal transactions										
<input type="checkbox"/>	II. Allow withdrawal transactions										
<input type="checkbox"/>	III. Allow withdrawal transactions & balance inquiry										
For option II and III, please complete 3, 4 and 5. 3. MAX Monthly Card Limit: \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="0"/> (Std \$30,000/Max \$50,000) 4. Enable card to be used overseas at VISA Plus ATMs/Interlink Outlets <input type="checkbox"/> Yes <input type="checkbox"/> No (Default = No)											

## ATM Card Holder 2

<b>Name:</b> _____		<b>NRIC/Passport No.:</b> _____									
1. Language at DBS ATM (✓): <input type="checkbox"/> English <input type="checkbox"/> Select language at ATM 2. Choice of Service Option (for local use):		5. Services/Daily limits: Tick (✓) your choice of service, otherwise standard limits apply.									
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## Phone Banking Applicant 1

<b>Name:</b> _____	<b>NRIC/Passport No.:</b> _____
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## Phone Banking Applicant 2

<b>Name:</b> _____	<b>NRIC/Passport No.:</b> _____
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Please note that all Applicants of Phone Banking will be granted access to the following features:

1. Financial Transaction	2. Account Information Enquiry	3. Request and Notification
- Funds Transfer - Bill Payments - Fixed Deposit Placement (SGD)	- Balance Enquiry - Cheque Status Enquiry - Inward Remittance Enquiry	- Change of Phone Banking PIN - Cheque Book Request - Statement Request - Stop Cheque Payment - Change User Identification Number

Declaration: I/We have read and understood the Bank's prevailing Terms and Conditions governing Electronic Services, copies of which are available at [www.dbs.com](http://www.dbs.com) and from any branch of the Bank, and agree to abide and be bound by such terms and conditions (as each may be amended, supplemented, substituted and/or replaced by the Bank from time to time).

\_\_\_\_\_  
 Authorised Signatories (with maximum signing limit) and Company Stamp (if applicable)

\_\_\_\_\_  
 Date

## FOR BANK USE ONLY

<b>Action by Branch</b> Resolution checked by: _____ Attended by: _____ Authorised by: _____	<b>Action by Account Services</b> Authorised by: _____ Keyed in by: _____ Report checked by: _____
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# APPLYING FOR DBS BUSINESS ADVANCE CARD – Exclusively for SME Customers

## FEATURES

- Card Limit: SGD50,000  
(A consolidation of the signature-based and PIN-based transactions for each individual Cardholder for the month, subject to the available funds in the Current Account linked to the Business Advance Card. It is reset on the last day of each calendar month.)
- NETS: SGD5,000
- ATM Cash Withdrawal: SGD5,000
- Counter Card Operated Transactions: SGD5,000
- ATM Funds Transfer to Designated DBS Account(s): SGD20,000  
(Not subject to Card Limit)
- ATM Funds Transfer to Non-Designated DBS Account(s): SGD5,000
- ATM Balance Enquiry
- Cash Deposits
- Selection of Language at ATM
- PIN Changes
- Overseas Use

**Should you wish to change the above, please approach our branch officers for further assistance.**

## AGREEMENT

I/We wish to apply for the above mentioned banking facilities/services.

I/We have received, read and understood:

- a. the DBS Business Advance Card Agreement; and
- b. Terms and Conditions governing Electronic Services, copies of which are available at [www.dbs.com](http://www.dbs.com) and from any branch of the Bank, and agree to abide and be bound by such terms and conditions (as each may be amended, supplemented, substituted and/or replaced by the Bank from time to time).

I/We confirm that all the information given above or otherwise provided to you in connection with this application is true, complete and correct in every respect and that I/we have not withheld any material fact.

I/We further agree that you have the absolute right to approve or reject the application without assigning any reason whatsoever and the documents accompanying this application shall become and remain your property.

Name of Nominated Person (To receive business advance cards on behalf of the company)\*:

\_\_\_\_\_  
Authorised Signatories (with maximum signing limit) and Company Stamp (if applicable)

\_\_\_\_\_  
Date

\* Nominated person must be an authorised signatory. It is important to notify the bank of any subsequent change to nominated person via a written notice duly signed by the authorised signatories.

## FOR BANK USE ONLY

Org	268	PT	0	NR/RCT	01	PPS	AS-New Account No.	Credit Ops
BC	01	CFD	18mths (DDMMYYYY)	ED	3yrs (MMYY)			
ST	4	CI	23	AF	0			
EC	1100	LC	01	JF	1	Name & signature	Name & signature	Name & signature
CN	000	SF	0	CA	1	Date:	Date:	Date:

Action by Branch

Attended By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Bank Staff No.: \_\_\_\_\_

Account No.: \_\_\_\_\_