



## CASH DEPOSIT BAG SERVICE

New Application     Update\*     Termination

Date:

D	D	M	M	Y	Y

- This form should be completed by the authorised personnel from the Corporation applying to join Cash Deposit Bag Service
- \*Any update will supercede any earlier application form submitted

### Organisation Details

Name of Organisation: \_\_\_\_\_  
 ACRA Number: \_\_\_\_\_

### Contact Details (please attach list to include additional contact persons)

In the event of any discrepancy, DBS or its appointed agent shall contact the following contact persons via fax or/and phone:

#### Primary Person to Contact:

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Office No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_

#### Secondary Person to Contact:

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Office No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_

#### After Office Hour Primary Person to Contact: (if differ from above)

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Office No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_

#### After Office Hour Secondary Person to Contact: (if differ from above)

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Office No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_

### Crediting Account (please attach list to include additional crediting accounts)

Account Name: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

Current Account:	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				-	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									-	<table border="1"><tr><td> </td></tr></table>	
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### Authorisation

We have read and agree to accept all the terms and conditions for cash deposit bag service.

\_\_\_\_\_  
 Authorised Signatories of Account & Company Stamp  
 (Cheque signatory mandate for crediting account)

\_\_\_\_\_  
Date

### For Bank Use

Signature verified by attending staff :

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

Application processed by Biz Ops :

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date