

To: DBS BANK LTD
SINGAPORE

**CHANGE IN AUTHORISED SIGNATORIES
RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF COMPANY**

The following is an extract of resolutions passed by the **Board of Directors** of _____
_____ (the "Company") on _____ day of _____ 20____ .

Resolved That:
<Please tick one>

- All previous mandates' reference to Signing Authority for accounts, for the Company's account(s) given below, be superseded and rescinded, with effect from date of update of this new mandate.
- Other than the amendments provided below, the mandates which were previously furnished to the Bank with reference to Signing Authority of the account(s) of the Company shall remain in full force and effect.

The following person/s of the Company with their respective offices and their signatures, is/are* hereby authorized on behalf of the Company to operate such account(s) and facility/ facilities as stated in the previous Resolutions, in the following manner or in the manner indicated in the attached Annex.

ACCOUNTS TO BE UPDATED

<Please tick one>

- All accounts with DBS Bank Ltd are to be updated.
- Account(s) to be updated is/are: _____

(I) ADDITION OF SIGNATORIES

- Addition of Signatories / Change in grouping of signatories
Details and specimen signatures of New Signatories are provided in Annex

(II) DELETION OF SIGNATORIES

- Deletion of Signatories
- We authorize the Bank to terminate access to Corporate ATM Cards and Business Advance Cards for the accounts specified, for all the signatories which are being removed. *(Please enter Card No. for cancellation below.)*

Details of Signatories to be deleted:

1. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	4. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:
2. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	5. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:
3. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	6. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:

(III) UPDATE OF SIGNATURE REQUIREMENTS

Authorisation Limit ²	Signature Requirements ³
<input type="checkbox"/> Any Amount	
<input type="checkbox"/> Up to \$	
<input type="checkbox"/> Above \$ up to \$	
<input type="checkbox"/> Above \$ up to \$	
<input type="checkbox"/> Above \$	
<input type="checkbox"/> Other Signature Requirements	

Please read through the following classifications and indicate your signature requirement. Where your requirement does not fall into any classification, please indicate the requirement in the section "Other Signature Requirements".

¹Where there is an attached schedule, it has to be duly certified either by 2 Directors or by 1 Director and Company Secretary.

²Authorization Limit

The designated Signatories can authorize transactions of:

ANY AMOUNT - Any amount (i.e. no limit)

Up to _____ - Up to and inclusive of the stated upper amount

Above \$ _____ up to \$ _____ - Above and excluding the stated lower range. Up to and inclusive of the stated upper range

Above \$ _____ - Above and excluding the stated amount

³Signature Requirements

SINGLY - Account has only one signatory.

ANY ONE/TWO... - Any number of signatory(ies) required as specified.

ALL - All signatories are required.

A + B + ...) Signatories are classified into groups e.g. Group A or Group B.

A or B or ...) Number of signatories required from each group, e.g. 1A + 2B, 1A or 2B.

*Delete where applicable



(IV) OTHER INSTRUCTIONS

(a) The Bank is hereby authorized to:

<Please tick where applicable>:

- Honour cheques that have been presented and signed under the previous mandate till _____*,
notwithstanding that the old previous mandate has been superseded. (Date)

*Note: If honour of cheques under the previous mandate is requested, then this period will end six months from the date of update of this mandate or the above specified date or the validity period of the cheque, whichever is earlier.

- Do not honour cheques signed under the previous account mandate, from the date of update of the new mandate

We hereby certify that said foregoing resolutions were passed and have been duly recorded in the Minute Book of the Company and the said resolutions are now in full force and effect.

We further certify that the Signatory/ Signatories listed in Annex attached hereto are present officers of the said Company, occupying the positions stated and that the signatures are those of the respective signatories.

Dated this _____ day of _____ 20 _____.

DIRECTOR
(Name & Signature)

COMPANY SECRETARY/DIRECTOR
(Name & Signature)

Please note that authorized signatories being deleted from the current account, will still maintain access to IDEAL if this access has been applied for them previously. If you wish to terminate IDEAL access for these authorized signatories, please submit the IDEAL Maintenance Form and updated Electronic Banking Board Resolution (if applicable) to the bank.

Annex

AUTHORISED SIGNATORIES (Please sign in black within the box)

Note 1: Only new signatories and existing signatories who wish to update their signature record are required to sign in the specimen signature box.

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Certified by Chairman of the meeting of directors

Certified by Company Secretary/Director