

CIS 2: CONTACT DETAILS UPDATE FORM (COMPANIES/ASSOCIATIONS)

To: DBS Bank Ltd – Account Services, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, S(486029)

APPLICANT'S PARTICULARS

Company Name: _____ UEN / Business Reg. No: _____

UPDATE CONTACT DETAILS

	Please tick (✓) one* (default to "update" if not ticked)	Country Code	Area Code	Telephone number	Contact Person Name
OFFICE	<input type="checkbox"/> Update <input type="checkbox"/> Add				
FAX	<input type="checkbox"/> Update <input type="checkbox"/> Add				
MOBILE	<input type="checkbox"/> Update <input type="checkbox"/> Add				
EMAIL (Mandatory)^					

UPDATE MAILING ADDRESS

Mailing Address: (for sending statement and correspondence)

Note: P.O. Box address is not acceptable as a mailing address if your business Registered Address is a PO Box

Block _____ Level _____ Unit no: _____ Postal Code: _____

Street: _____

_____ Country: _____

Please update the **mailing address** for: < tick (✓) one only. Default to "All Account(s)" if not ticked >

- All Account(s), Service(s) & Banking Facility(ies)#
- Only the following Account(s), Service(s) & Banking Facility(ies)#

Type of Accounts:	Account No:

UPDATE REGISTERED ADDRESS

As per mailing address stated above.

Block _____ Level _____ Unit no: _____ Postal Code: _____

Street: _____

_____ Country: _____

SIGNATURES OF AUTHORISED SIGNATORIES

Note: Signature of the signatory will be verified against the specimen signature per Bank records

Name(s) of signatory(ies): _____

Date: _____

Company Stamp
(where applicable)

FOR BANK'S USE ONLY

Account No. (for signature reference):	Branch Name/Branch Code
Attended By (Name/Signature/Date)	Approved By (Name/Signature/Date)

* Update : The contact details provided will supersede all existing record

^ Email address provided will be used to receive notification alerts, where applicable

Exclude products and services for DBS Vickers and insurance companies.

CIS-02(05/2019)