# DBS IDEAL Customer Self Administration MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name*	
Organisation ID*	

Please complete this form in **BLOCK LETTERS**.

#### **Purpose**

This form must be completed by the authorised person or persons to appoint or remove Administrator(s) for the organisation listed above.

Administrators will have the authority and responsibility for the set-up, administration, maintenance, and ongoing use of and access to IDEAL on behalf of the organisation listed above, including:

CATEGORY	ROLES	ADMINISTRATOR
User	Adding or removing a Transaction maker and authoriser	~
	Modifying any user access to accounts and services	~
<b>G</b> SC.	Suspending and reactivating a User's IDEAL access	~
	Resetting User's PIN	<b>✓</b>
Security Device	Unlocking Security Device	~
	Requesting for a new Security Device	<b>~</b>
Company Profile	Managing company prole in IDEAL*	~
	Managing company authorisation policy	~

#### **Important Notes**

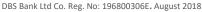
- I. Given the wide powers conferred on the appointed Administrator(s), Administrator(s) should be persons within the organisation with sufficient executive power and authority to take on the role and the organisation is responsible for ensuring that it has appropriate and adequate internal controls procedures and security measures in place to prevent any fraud, abuse or unauthorised acts/omissions by Administrators.
- II. For security reasons, at least 2 Administrators must be appointed, and any action initiated by one Administrator must be approved by at least one other Administrator.
- III. To delete a user, use the IDEAL Maintenance Form.

#### **Documents to be submitted for new Administrator**

Please read through thoroughly before submitting the form. If the documents are not furnished previously, please furnish us necessary documents to avoid any delay.

- For Singaporeans/PRs: Certified true copy of NRIC and a valid mobile number.
- For Foreigner: Certified true copy of either a) National ID with residential address, or b) passport and residential address proof (e.g. recent utility or phone bill, bank statement or correspondence from a government agency) and a valid mobile number.

Authorised signatories required			
Name:	Signature:	Name:	Signature
Date:	SIGN HERE	Date:	SIGN HERE





### **DBS IDEAL Customer Self Administration MAINTENANCE FORM (FOR SUBMISSION TO BANK)**

DBS Bank Ltd Co. Reg. No: 196800306E. August 2018

Company Name*		Please complete	this form in <b>BLOCK LETTERS</b> .	
Organisation ID*				
1 USER DETAILS				
<b>Note:</b> To add / remove more Administrators, click here for additional pages. The "Remove Administrator" option will only remove administrator access from the user. To delete the user profile, use the IDEAL Maintenance form.				
☐ Add OR ☐ Rem	ove Administrator	☐ Add OR ☐ Rer	move Administrator	
Administrator 1		Administrator 2		
Name (as in NRIC/Passport) *	NRIC/Passport No.*	Name (as in NRIC/Passport) *	NRIC/Passport No.*	
Nationality*	Date of Birth (DD/MM/YYYY) *	Nationality*	Date of Birth (DD/MM/YYYY) *	
Preferred / Existing IDEAL User ID	Mobile No.*	Preferred / Existing IDEAL User ID	Mobile No.*	
(8-12 alphanumeric characters, ie. A-Z, 0-9)		(8-12 alphanumeric characters, ie. A-Z, 0-9)		
Email*		Email*		
	ove Administrator		move Administrator	
Administrator 3		Administrator 4		
Name (as in NRIC/Passport) *	NRIC/Passport No.*	Name (as in NRIC/Passport) *	NRIC/Passport No.*	
Nationality*	Date of Birth (DD/MM/YYYY) *	Nationality*	Date of Birth (DD/MM/YYYY) *	
Preferred / Existing IDEAL User ID	Mobile No.*	Preferred / Existing IDEAL User ID	Mobile No.*	
(8-12 alphanumeric characters, ie. A-Z, 0-9)		(8-12 alphanumeric characters, ie. A-Z, 0-9)		
Email*		Email*		
2 AUTHORISATION AND A	CKNOWLEDGEMENT			
Please indicate number of Adm Administrator.	nistrator(s) required to appro	ve a set-up, administration and/or mainte	nance created by an	
☐ Any 1 Administrator required	to approve a request	☐ Any 2 Administrators required	I to approve a request	
<ul><li>Any 3 Administrators required</li><li>Any 5 Administrators required</li></ul>		☐ Any 4 Administrators required	I to approve a request	
Scenario of Administrator creating				
(with 3 Administrator approvals)  Administrator 1  Administrator 2  Administrator 3  Administrator 4  Processed				
Creates a Request	Creates a Request Approves Approves Approves			
You may have up to 5 administrator approvals required for a request.				
Authorised signatories required				
Name:	Signature:	Name:	Signature	
Date:	SIGN HERE	Date:	SIGN HERE	

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Company Name*	
Organisation ID*	

Please complete this form in **BLOCK LETTERS**.

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#### **AGREEMENT AND ACCEPTANCE**

I am/We are duly authorised by the organisation named in this form ("Organisation") to sign and deliver this form to DBS Bank Ltd. (the "Bank").

I/We have read, understood and agree to the matters in this form and agree that the provision of electronic banking services will be subject to DBS Electronic Banking Services Terms and Conditions, as the same may be amended, supplemented or substituted from time to time. I/We confirm that all information provided, and documents submitted by me/us are true, complete and accurate. When providing any personal data to the Bank, I/we confirm that I am/we are lawfully providing the data for the Bank to use and disclose for the purposes of: (1) providing products or services to me/us; (2) meeting the operational, administrative and risk management requirements of DBS Group; and (3) 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.

Should any Administrator cease to be employed by the Organisation, I/we undertake to inform the Bank and the Organisation will submit the IDEAL Maintenance form to delete this Administrator's user profile in IDEAL. I/We agree that the Organisation shall not hold the Bank liable for any act or omission by an Administrator who ceases to be employed by the Organisation for which the Bank is not informed.

Authorised signatories required			
Name:	Signature:	Name:	Signature
Date:	SIGN HERE	Date:	SIGN HERE

