

# CORPORATE SELF SERVICE BANKING UPDATES

## CORPORATE ATM CARD & PHONE BANKING

- To: DBS Bank Ltd. – Account Services, Simpang Bedok Post Office, PO BOX 215, Singapore (914808)
- ATM Card / User ID letter / PIN will be mailed via ordinary mail to the address of the Primary Account as in Bank's Record.

### CUSTOMER'S PARTICULARS

Company's Name \_\_\_\_\_ Nominated Rep Name \_\_\_\_\_  
 Business Reg. No / UEN \_\_\_\_\_ Tel No. \_\_\_\_\_

\* Please note that Corporate ATM Cards are only applicable for S\$ Currency Account / Autosave. Primary account will be used for ATM, NETS, correspondence, and where applicable, bill payment services and debiting of fees. (Bill payment is automatically available for Option II, and III)

ATM Card Holder	Existing ATM Card Number:								
<b>Name:</b>	<b>NRIC / Passport:</b>								
<input type="checkbox"/> Card Replacement <ul style="list-style-type: none"> <li><input type="checkbox"/> Lost Card / PIN</li> <li><input type="checkbox"/> Forgotten PIN</li> <li><input type="checkbox"/> Non Receipt of Card / PIN</li> <li><input type="checkbox"/> Damaged / Faulty Card</li> <li><input type="checkbox"/> Change of Language Choice: <input type="checkbox"/> English <input type="checkbox"/> Select at ATM</li> </ul> <input type="checkbox"/> Card Cancellation <input type="checkbox"/> Change Account No. _____ <input type="checkbox"/> Include Account No. _____ <input type="checkbox"/> Delete Account No. _____ <input type="checkbox"/> Overseas Use at VISA Plus ATMs / Interlink Outlets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refund of CashCard Chip Balance (Verify chip balance & cut up card across chip in customer's presence. Certify card destruction below) <u>For Branch Use:</u> Chip Balance = _____ Card Destruction on _____ certified by _____  _____ & _____ Name / Sig (Staff A)                      Name / Sig (Staff B) (One Staff to be at least "1" Signer) <input type="checkbox"/> Others _____	Choice of Service Option (for local use): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%; text-align: center;">(✓)</td> <td style="text-align: center;">Service Options</td> </tr> <tr> <td></td> <td>I. No withdrawal transactions</td> </tr> <tr> <td></td> <td>II. Allow withdrawal transactions</td> </tr> <tr> <td></td> <td>III. Allow withdrawal transactions &amp; balance inquiry</td> </tr> </table> For Option II and III, please complete 3, and 4. 3. Max Monthly Card Limit: \$ <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> (Std \$30,000 / Max \$50,000) 4. Services/Daily limits: Tick (✓) your choice of service, otherwise standard limits apply. <input type="checkbox"/> NETS <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> (std / max \$2,000) (and EZ Link / Cash Card Top-up) <input type="checkbox"/> Transactions at Branch Counters <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> (std / max \$5,000) <input type="checkbox"/> ATM Cash Withdrawal <input type="text" value="0"/> <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="0"/> <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="0"/> <input type="text" value="0"/> <input type="text" value="0"/> (std / max \$20,000)	(✓)	Service Options		I. No withdrawal transactions		II. Allow withdrawal transactions		III. Allow withdrawal transactions & balance inquiry
(✓)	Service Options								
	I. No withdrawal transactions								
	II. Allow withdrawal transactions								
	III. Allow withdrawal transactions & balance inquiry								

Phone Banking Re-issuance	Account Number:
<b>Name:</b>	<b>NRIC / Passport:</b>
<input type="checkbox"/> Lost: <ul style="list-style-type: none"> <li><input type="checkbox"/> PIN <input type="checkbox"/> PIN and USER ID</li> </ul> <input type="checkbox"/> Forgotten: <ul style="list-style-type: none"> <li><input type="checkbox"/> PIN <input type="checkbox"/> PIN and USER ID</li> </ul> <input type="checkbox"/> Non Receipt of: <ul style="list-style-type: none"> <li><input type="checkbox"/> PIN <input type="checkbox"/> PIN and USER ID</li> </ul> *New PIN / and USER ID (if applicable) will be issued	<input type="checkbox"/> Others _____

Corporate ATM Card Acknowledgement	Card No.:
<b>Account No.:</b>	<b>NRIC / Passport:</b>
<b>Name:</b>	

I acknowledge that I have received my ATM Card and PIN via mail. Please activate use of my card.

**Agreement and Acceptance:** By signing this form, I/we confirm that I/we are duly authorized by the entity / company named in this form to sign and deliver this form to DBS Bank Ltd. and I/we further confirm that:

- (a) I/we have read, fully understood and accepted the DBS Privacy Policy available at [www.dbs.com/privacy](http://www.dbs.com/privacy) relating to the collection, processing, use and disclosure of personal data.
- (b) I/we agree that the said DBS Privacy Policy (as may be amended, supplemented and/or substituted from time to time) is incorporated by reference into and forms part of this form. The DBS Privacy Policy shall apply to all personal data (as defined in the Personal Data Protection Act 2012 of Singapore) provided by me/us or otherwise collected by you from any other sources or in the course of our relationship with you or any of your affiliates and I/we hereby consent to the collection, processing, use and disclosure of personal data in accordance therewith. In the event of any conflict or inconsistency between this form and the DBS Privacy Policy, the former shall prevail.
- (c) if I/we provide you with personal data of any individual (including, where applicable, my/our directors, partners, office holders, users, officers, employees, agents, shareholders, ATM card holders and beneficial owners), I/we undertake, represent and warrant to you that I/we have obtained such individual's consent for, and hereby consent on behalf of such individual to, the collection, processing, use and disclosure of his/her personal data by you in accordance with the said DBS Privacy Policy.
- (d) I/we agree that any consent given pursuant to this form in relation to personal data shall survive death, incapacity, bankruptcy or insolvency of any such individual and the termination or expiration of my/our relationship with you or the termination or expiration of any agreement or terms and conditions that I/we may enter into or agree with you from time to time.
- (e) in addition and without prejudice to any right of disclosure that you may have under any applicable law or pursuant to any agreement that I/we may enter into with you from time to time, I/we agree that you may disclose the information in this form and any other personal data to any person for the purposes set out in the DBS Privacy Policy.

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

\_\_\_\_\_  
Date

**FOR BANK USE ONLY**

Action by Branch

Attended by: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Action by Account Services (CP No: CT0008)

Authorised by: \_\_\_\_\_

Keyed in by: \_\_\_\_\_

Report checked by: \_\_\_\_\_