

# 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) **without** Corporate Credit Card" if not ticked >

- All** Account(s), Service(s) & Banking Facility(ies)# (**without** Corporate Credit Card)
- All** Account(s), Service(s) & Banking Facility(ies)# (**with** Corporate Credit Card)
- including for all cardholders' individual Corporate Credit Card statement address
- Only** the following Account(s), Service(s) & Banking Facility(ies)#

Type of Accounts:	Account No <sup>+</sup> :

## 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.

+ For Corporate Credit Card, please indicate the 16-digit card number(s) if only selected cardholder(s) are to be updated.

(Sep20)