

# DBS IDEAL™ MAINTENANCE FORM (FOR SUBMISSION TO BANK)

## 6 AUTHORISATION POLICY - CONTINUED Tick where applicable

Note: If 'Payment currency in SGD' is selected for this policy, it will apply to payments of any currency in its SGD equivalent.  
 If 'Specific Payment Currency' is selected for this policy, it will ONLY apply to payments in that said currency.  
 The total transaction value of the batch will be used to calculate the authorisation limit.

1.	<input type="checkbox"/> ALL Debit Accounts	<b>OR</b>	<input type="checkbox"/> Specific Debit Account _____
2.	<input type="checkbox"/> Payment currency in SGD	<b>OR</b>	<input type="checkbox"/> Specific Payment Currency _____
3.	<input type="checkbox"/> All Services	<b>OR</b>	<input type="checkbox"/> Payment <input type="checkbox"/> Payroll <input type="checkbox"/> Collection <input type="checkbox"/> Trade <input type="checkbox"/> Others _____

From	To	Authorisation Requirement	
		<b>No. of Authoriser(s) required</b> <input type="checkbox"/> Any 1 Authoriser <b>OR</b> <input type="checkbox"/> Any 2 Authorisers	<b>Required Combination of Authorised Signatories</b> <input type="checkbox"/> Sequential Authorisation
		<b>No. of Authoriser(s) required</b> <input type="checkbox"/> Any 1 Authoriser <b>OR</b> <input type="checkbox"/> Any 2 Authorisers	<b>Required Combination of Authorised Signatories</b> <input type="checkbox"/> Sequential Authorisation
		<b>No. of Authoriser(s) required</b> <input type="checkbox"/> Any 1 Authoriser <b>OR</b> <input type="checkbox"/> Any 2 Authorisers	<b>Required Combination of Authorised Signatories</b> <input type="checkbox"/> Sequential Authorisation
		<b>No. of Authoriser(s) required</b> <input type="checkbox"/> Any 1 Authoriser <b>OR</b> <input type="checkbox"/> Any 2 Authorisers	<b>Required Combination of Authorised Signatories</b> <input type="checkbox"/> Sequential Authorisation
		<b>No. of Authoriser(s) required</b> <input type="checkbox"/> Any 1 Authoriser <b>OR</b> <input type="checkbox"/> Any 2 Authorisers	<b>Required Combination of Authorised Signatories</b> <input type="checkbox"/> Sequential Authorisation

Additional Information

*By signing this form, I/we have confirm that I/we have read "Maintenance Form Reference - Section D: Agreement and Authorized Signatories" and agree to abide and be bound by such terms and conditions.*

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

