

For service package upgrade from Enquiry to Transaction, please use the Application Pack.

Please read through thoroughly before submitting the form. We regret to inform you that incorrect applications may cause delays in processing.

Submit the relevant pages of this Maintenance Form to:

Page 1 Update Account Number(s)/Settings and Instructions

Page 2 Add New/Edit Existing User

Page 3 Remove Existing User

Page 4 & 5 Update Authorisation Policy

Page 6 Change User Access
(New Login PIN, Unlock/Replace Security Device)

A

IDEAL™ MAINTENANCE REQUEST PROCESS



1 Complete relevant sections of the Maintenance Form



2 Mail the completed forms to

DBS Bank Ltd
Channel Management
Newton Post Office
PO Box 069
Singapore 912203

OR submit to any DBS Branch



3 Receive acknowledgement email that informs you that your application is being processed



4 Receive upon successful application (after 7 business days)

For New and Upgraded User
Welcome Pack and PIN Mailer
(in a separate mail)

For Changed User Access
Security Device, Security Device
Unlock Code or PIN Mailer

Step 3 and Step 4 only Applicable to New/Upgraded User or Changed User Access

B

PACKAGE DETAILS

DBS IDEAL™ is a corporate internet banking platform designed to make banking faster, simpler and smarter.

Package Type	Enquiry	Transaction
Services Available	Enquiry Only	Enquiry Payment Payroll Collection Trade DealOnline (Foreign Exchange)
Setup Fee	Waived	\$30
Monthly Maintenance Fee	Waived	\$30
Security Device (At point of registration)	2 devices free	5 devices free
Subsequent Security Device	\$20	\$20

For more information on the extensive functionalities of DBS IDEAL™ 3.0 and transaction pricing, please visit www.dbs.com.sg.

C

SERVICE TYPES & USER ROLES

SERVICE TYPES

Enquiry

View account statements, trade transactions, remittance advices, subscribe to alerts & trade notifications or enquire on Fixed Deposits.

Payment

Make payments locally & internationally via Intra Company Transfer, Account Transfer, Bank Cheques, GIRO, MEPS or Telegraphic Transfer.

Payroll

Make payroll transfers to multiple recipients on a regular basis via GIRO Payroll.

Collection

Collect payments from customers via GIRO Collection.

Trade

Enquire on trade transaction details and history. Send new trade applications including Documentary Credit, Documentary Collection, Guarantees & Standby LC & Trade Loan; provide acceptance of Import Bills and settlement instructions.

DealOnline (Foreign Exchange)

Convert your funds from one currency to another at competitive rates for Value Today, Value Tomorrow, Spot, Forward and Time Option transactions for up to one year. *Single Control Policy applies (only single user is required to initiate and approve transactions).*

Other Specific Services

Specify other type of services not listed above (e.g. OCOE) or selected products that the user requires (e.g. Telegraphic Transfers only).

USER ROLES

Transaction Maker

User who creates transactions.

Transaction Authoriser

User who approves transactions.

Admin Officer (2 Required)

User will be given access to Unlock User, Unlock Security Device and Request for new Login PIN.

Contact Person

The bank will liaise directly with him/her on matters relating to IDEAL™ sign up and services.

D

AGREEMENT AND AUTHORISED SIGNATORIES REQUIREMENT

- I/we confirm that I/we are duly authorized by the entity / company named in this application form to sign and deliver this application form to DBS Bank Ltd. and I/we further confirm that:
 - I/we have read, fully understood and accepted the DBS Privacy Policy available at www.dbs.com/privacy relating to the collection, processing, use and disclosure of personal data.
 - 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 application 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, DBS Bank Ltd., 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 application form and the DBS Privacy Policy, the former shall prevail.
 - if I/we provide you with personal data of any individual (including, where applicable, my/our directors, partners, office holders, officers, employees, users, agents, shareholders 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.
 - I/we agree that any consent given pursuant to this application form in relation to personal data shall survive death, incapacity, bankruptcy or insolvency of any such individual and the termination or expiration of 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.
 - 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 application form and any other personal data to any person for the purposes set out in the DBS Privacy Policy.
- For partnership, the signatures of all partners are required. For a company which has furnished DBS Bank Ltd with a standalone Electronic Banking Board Resolution, the authorized signatories must be the current authorized signatories specified in that document. For a company which has furnished DBS Bank Ltd with a Board Resolution for the opening of the current account that covers Electronic Banking services, the authorized signatories must be any two directors or the current authorized signatories with the highest authorization limit as specified in that document.

DBS IDEAL™ MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

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

*Mandatory Fields

1 UPDATE ACCOUNT NUMBER(S)

Tick where applicable ☒

Note: All Users will be granted access to the accounts listed below. All accounts are granted as Trade Settlement if you have signed up for Trade Services. If there is/are any account(s) to be excluded from Trade Settlement, please indicate clearly in **Other Specific Instructions** (from section **2**).

<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		
<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		
<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		

<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		
<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		
<input type="checkbox"/> Add	OR	<input type="checkbox"/> Remove
<input type="text"/>		

2 ACCOUNT SETTINGS AND INSTRUCTIONS

Tick where applicable ☒

Note: Please make copies of this page if required.

a. Parent/Subsidiary Companies Linkage

The relevant parent/subsidiary companies are required to submit a separate maintenance form to confirm linkage

Parent/Subsidiary Company Name
<input type="radio"/> Parent
<input type="radio"/> Subsidiary
Company Registration No. (UEN) / IDEAL™ Organisation ID

Parent/Subsidiary Company Name
<input type="radio"/> Parent
<input type="radio"/> Subsidiary
Company Registration No. (UEN) / IDEAL™ Organisation ID

b. File Transfer

Access this service
File Transfer allows you to upload files generated from your accounting or payroll system. An implementation officer will get in touch with you regarding the service implementation.

c. Other Specific Instructions

--

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

DBS IDEAL™ MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

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

*Mandatory Fields

3 Add New/Edit Existing User

Tick where applicable ☒

Note: For Supersede, your previous instructions will be deleted. As a part of the verification process, we require you to provide us with a working mobile number and email address. To add more users, [click here](#) for additional pages.

☐ Add **OR** ☐ Supersede **OR** ☐ Remove

Name (as in NRIC/Passport)* _____ NRIC/Passport No.* _____

Nationality* _____ Date of Birth (DD/MM/YYYY)* _____

Preferred IDEAL™ User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) _____ Mobile No.* _____

Email* _____

Service(s) & Role(s)

Transaction

Role(s) Service(s)	Transaction Maker	Transaction Authoriser	Please indicate authoriser group for this user: (e.g. A, B, C, D, or E, if applicable to Authorisation Policy)
Payment			
Payroll			
Collection			
Trade			
Others			

☐ Enquiry ☐ DealOnline (Foreign Exchange)¹

☐ Admin Officer ☐ Contact Person

Additional Information

Access to which Account(s)?

☐ All IDEAL™ Accounts **OR** ☐ The Accounts Listed Below

☐ Add **OR** ☐ Supersede **OR** ☐ Remove

Name (as in NRIC/Passport)* _____ NRIC/Passport No.* _____

Nationality* _____ Date of Birth (DD/MM/YYYY)* _____

Preferred IDEAL™ User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) _____ Mobile No.* _____

Email* _____

Service(s) & Role(s)

Transaction

Role(s) Service(s)	Transaction Maker	Transaction Authoriser	Please indicate authoriser group for this user: (e.g. A, B, C, D, or E, if applicable to Authorisation Policy)
Payment			
Payroll			
Collection			
Trade			
Others			

☐ Enquiry ☐ DealOnline (Foreign Exchange)¹

☐ Admin Officer ☐ Contact Person

Additional Information

Access to which Account(s)?

☐ All IDEAL™ Accounts **OR** ☐ The Accounts Listed Below

¹ Separate control policy applies, refer to **Reference Notes** section **C**

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

DBS IDEAL™

MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

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

*Mandatory Fields

4 REMOVE EXISTING USER

Note: To remove more users, click [here](#) for additional pages.

REMOVE Existing User

User 1

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 2

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 3

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 4

Name (as in NRIC/Passport)*

IDEAL™ User ID*

REMOVE Existing User

User 5

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 6

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 7

Name (as in NRIC/Passport)*

IDEAL™ User ID*

User 8

Name (as in NRIC/Passport)*

IDEAL™ User ID*

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:

Date:

SIGN HERE

Name:

Signature:

Date:

SIGN HERE

DBS IDEAL™

MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

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

*Mandatory Fields

5 AUTHORISATION POLICY

Tick where applicable



Payment from S\$0 to S\$50,000 requires signatory from **Any 1 Authoriser**.

Payment from S\$50,000 to S\$100,000 requires 1 signatory from **Group A** or 1 from **Group B** and 1 from **Group C**.

From	To	Authorisation Requirement	
0	50,000	No. of Authoriser required <input checked="" type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <input type="checkbox"/> Sequential Authorisation
50,000	100,000	No. of Authoriser required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories 1A or 1B and 1C <input type="checkbox"/> Sequential Authorisation

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.

To add more authorisation instructions, click [here](#) for additional pages.

- ☐ ALL Debit Accounts **OR** ☐ Specific Debit Account _____
- ☐ Payment currency in SGD **OR** ☐ Specific Payment Currency (Only 1 currency) _____
- ☐ All Services **OR** ☐ Payment ☐ Payroll ☐ Collection ☐ Trade ☐ Others _____

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

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.
To add more authorisation instructions, click [here](#) for additional pages.

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

From	To	Authorisation Requirement	
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Sequential Authorisation </div> </div>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Sequential Authorisation </div> </div>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Sequential Authorisation </div> </div>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Sequential Authorisation </div> </div>
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	Required Combination of Authorised Signatories <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Sequential Authorisation </div> </div>

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: Date:	Signature: <div style="text-align: center; font-size: 2em; opacity: 0.5;">SIGN HERE</div>	Name: Date:	Signature: <div style="text-align: center; font-size: 2em; opacity: 0.5;">SIGN HERE</div>
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DBS IDEAL™ MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

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

*Mandatory Fields

7

CHANGE USER ACCESS

Tick where applicable



Note: To add more instructions, click [here](#) for additional pages.

Name (as in NRIC/Passport)

IDEAL™ User ID*

Email*

I want to

1. ☐ Request for New Login PIN

2. ☐ Unlock Security Device (physical device not required to be returned)

Security Device Serial No. (required for Unlock Security Device option)

- -

Security Device Unlock PIN (required for Unlock Security Device option)

3. ☐ Replace Security Device (faulty device required to be returned) ▲

Security Device Serial No. (required for Replace Security Device option)

- -

Reason for Replacing Security Device

☐ Misplaced Security Device

☐ Faulty Security Device

Others _____

Name (as in NRIC/Passport)

IDEAL™ User ID*

Email*

I want to

1. ☐ Request for New Login PIN

2. ☐ Unlock Security Device (physical device not required to be returned)

Security Device Serial No. (required for Unlock Security Device option)

- -

Security Device Unlock PIN (required for Unlock Security Device option)

3. ☐ Replace Security Device (faulty device required to be returned) ▲

Security Device Serial No. (required for Replace Security Device option)

- -

Reason for Replacing Security Device

☐ Misplaced Security Device

☐ Faulty Security Device

Others _____

▲ A service fee of \$20 is chargeable if faulty device is not returned

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:		Date:	

Certified True Extract of Resolutions Passed By the Board of Directors of

(Name of Company)

on the _____ day of _____ 20_____

ACCEPTANCE OF ELECTRONIC BANKING SERVICES FROM DBS BANK LTD. (THE "BANK")

IT WAS NOTED THAT the Company wishes to obtain electronic banking services ("**EB Services**") from the Bank on the terms and conditions of the Bank's Electronic Banking Services Terms and Conditions ("**EB Terms**") and other related documents in respect of electronic banking services provided by the Bank.

RESOLVED THAT

- (1) It would be to the Company's interest and benefit to obtain the EB Services from the Bank.
- (2) Any _____ (*insert number*) of the following persons (collectively, the "**Authorised Persons**") be authorised to do all of the following things in the Company's name and for and on behalf of the Company, and such Authorised Persons are and will be so authorised until the Bank receives a certified copy of the board resolution of the Company providing otherwise:

Name of Authorised Person	Designation	NRIC No./ Passport No.	Specimen Signature

- (a) to negotiate, accept, sign and deliver to the Bank the application form for EB Services, the Bank's prevailing EB Terms and any other document, form, notice or confirmation required by the Bank in connection with the application and obtaining of EB Services;
- (b) to sign and deliver to the Bank any document, form (including without limitation the Bank's prevailing maintenance form to amend or update the scope of EB Services), notice or confirmation as may be required by the Bank relating to or in connection with the utilisation of the EB Services;
- (c) to designate in writing and authorise, from time to time, any person who may do or cause or authorise to be done any act or thing in connection with the utilisation of the EB Services.

- (3) Any two directors or any one director and the Company Secretary or (in the case where there is only one director) any one director be authorised to (i) certify the name, details and specimen signatures of any Authorised Person; or (ii) provide the Bank a certified true copy of any resolutions passed by the Board of Directors of the Company.

CERTIFIED AS TRUE EXTRACT AND CONFIRMED THAT THE RESOLUTIONS HAVE BEEN ADOPTED AND HAVE NOT BEEN RESCINDED, MODIFIED OR SUPERSEDED

Name and Signature
Director

Name and Signature
*Company Secretary/Director**

**Delete where inapplicable*