

**SSB1: APPLICATION FOR DBS SELF-SERVICE BANKING SERVICES (INDIVIDUAL)**

Send to: DBS Bank Ltd – Account Services, Simpanang Bedok Post Office, PO Box 215, Singapore 914808

- ATM Card/ Internet Banking User ID/PIN will be mailed via ordinary mail to the address of the Primary Account.
- Account holders 12 to 15 years old are not eligible to apply for ATM Card unless with parental/guardian/joint holder consent.
- Account holders below 16 years old are not eligible to apply for Internet Banking.

Name \_\_\_\_\_ IC/Passport No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

**PART A: CHOICE OF SELF-SERVICE BANKING SERVICES**

I would like to apply for (✓ appropriate box):

1.  DBS ATM Card                       POSB ATM Card                       Treasures ATM Card (only for Treasures customers)
- Name to appear on ATM card & for display over the ATM [Limit to 23 characters]  

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  - Allow overseas withdrawal access on my Card                       Yes     No
  - Daily ATM Cash Withdrawal Limit                       \$500     \$1000     \$2000 (Default)     \$3000     \$5000  
(Default \$200 for age < 16)
  - Daily ATM 3rd party Funds Transfer Limit                       \$3,000     \$5,000 (Default)
  - Daily NETS Limit:                       \$500     \$1000     \$2000 (Default)     \$3000     \$5000  
(Default \$200 for age < 16, NETS limit change not allowed for age < 16)
  - Daily ATM SMS Alert Threshold Limit     \$500     \$1000     \$2000     Others \_\_\_\_\_
  - Daily NETS SMS Alert Threshold Limit     \$500     \$1000     \$2000     Others \_\_\_\_\_ } min \$500; max \$2000;  
in multiples of \$10 only
2.  Phone Banking (PB)    } Service will apply for all accounts under  
3.  Internet Banking (IB)    } applicant's name

**PART B: DESIGNATION OF PRIMARY ACCOUNT FOR ATM CARD/ PB / IB & LINKAGE OF SECONDARY ACCOUNT(S) FOR ATM CARD**

1. **Primary Account No<sup>+</sup> for ATM Card/PB/IB:** S\$Current/Autosave/Savings/Savings Plus<sup>+</sup> \_\_\_\_\_  
\*For ATM Card transactions without account selection, e.g. ATM Fast Cash / NETS, correspondence and where applicable, Bill Payment service & debiting of fees.
2. **Secondary Account(s) to be linked to ATM card:** \_\_\_\_\_, \_\_\_\_\_
3. **CPF Investment:** (✓ if this is the only account applied)
- For existing users, account(s) stated above will be included to the respective services, and account (1) will supersede previous Primary Account specified.
  - Auto-access to CPF Investment Account & Securities Financing Account (SFA) if one S\$ CA/ATS/SA/SP is tagged to the service.

**PART C: DECLARATION (Important: Please read before signing):**

- I agree to be bound by the Terms and Conditions Governing Electronic Services, which apply to the self-service banking facilities herein.
- I agree that the primary account as stated in Part B Point 1 will be linked to my ATM Card/PB/IB\* account as specified by me.
- I agree that the secondary account(s) as stated in Part B Point 2 and are in order of priority.
- I agree that if my primary account is terminated for whatever reason, DBS Bank is entitled to link the secondary account as stated herein as the primary account for my ATM Card, subject to approval.

Signature/Thumbprint# Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL/ GUARDIAN/ JOINT HOLDER CONSENT:**

I, parent/guardian\* \_\_\_\_\_, IC/Passport No: \_\_\_\_\_ &  
 joint holder \_\_\_\_\_, IC/ Passport No: \_\_\_\_\_ am giving my consent to the Bank to  
 issue the ATM card to \_\_\_\_\_, IC/Passport No: \_\_\_\_\_ together with the  
 change in the daily withdrawal limit / linkage to my account\*.

Signature/ Thumbprint# of Parent/ Guardian \_\_\_\_\_ Signature/ Thumbprint# of Joint Holder \_\_\_\_\_

**CUSTOMER ACKNOWLEDGEMENT FOR INSTANT ISSUANCE OF SSB AT THE BRANCH**

- I acknowledge that I have:     received my ATM Card and selected my ATM Card PIN at DBS Bank  
 selected my Phone Banking PIN at DBS Bank  
 received my iB UID & selected my iBanking PIN at DBS Bank

Signature/Thumbprint# of Account Holder\* \_\_\_\_\_ Date \_\_\_\_\_

# Thumbprint must be taken and witnessed at Branch.                      \* Delete where applicable

**FOR BANK'S USE ONLY**

<u>Action by Branch</u> <small>For SSB Applications</small> Signature/Thumbprint	<u>Action by Branch</u> <small>For ATM / Phone Banking / IB PIN</small>	<u>Action by Account Services (CP no: CT0008)</u>
Verified by: _____	Attended by: _____	Authorised by: _____
Authorised by: _____ Branch Name/ _____ Branch Code: _____	Authorised by: _____ Branch Name/ _____ Branch Code: _____	Keyed in by: _____
		Report checked by: _____