

- ATM Card/ Internet Banking (“iBanking”)/Phone Banking User ID/PIN will be mailed via ordinary mail to the address of the primary account.
- Account holders between 12 and 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 iBanking.

Please send to: DBS Bank Ltd - Account Services, Simpang Bedok Post Office, PO Box 215, Singapore 914808.

Name:	
IC/ Passport No.*:	

PART A: Magnetic Stripe for Overseas Use, ATM Card Limits and Linkage

Existing ATM Card Number (where applicable)	<input type="checkbox"/> DBS ATM Card: _____
	<input type="checkbox"/> POSB ATM Card: _____
Magnetic Stripe (Overseas Use)	<input type="checkbox"/> Disallow
	<input type="checkbox"/> Allow from ____ / ____ / ____ (dd/mm/yy) to ____ / ____ / ____ (dd/mm/yy)
	<input type="checkbox"/> Start Now with No Expiry Date
Daily ATM Cash Withdrawal Limit ¹	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000
Daily ATM 3rd Party Funds Transfer Limit ¹	<input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000
Daily NETS Limit ¹	<input type="checkbox"/> S\$500 <input type="checkbox"/> S\$1,000 <input type="checkbox"/> S\$2,000 <input type="checkbox"/> S\$3,000 <input type="checkbox"/> S\$5,000 <input type="checkbox"/> S\$9,000
Primary Account No. (S\$Current/Autosave/Savings/Savings Plus*): _____ <small>Primary account is used for ATM Card transactions without account selection, e.g. ATM Fast Cash / NETS, correspondence and where applicable, Bill Payment service and debiting of fees. The Card and the PIN's mailing address will follow the address of the primary account.</small>	
Secondary Account(s) to be linked to my ATM Card:	1) _____
	2) _____
	3) _____
	4) _____
<input type="checkbox"/> Please reissue me a PIN for my DBS/POSB ATM Card.	

¹If no limit is selected for new ATM Card application, limit will be set to the corresponding default limit:
- default daily cash withdrawal limit: S\$2,000 [S\$200 for age < 16];
- default daily NETS limit: S\$2,000 [S\$200 for age < 16; NETS limit change is not allowed for age < 16].

PART B: CashCard Refund, Secondary Account Deletion and Card Cancellation

<input type="checkbox"/> Refund of Balance in CashCard Chip on ATM Card (CashCard balance not refundable for lost card.) IMPT: Please send the ATM Card to DBS Bank Ltd - Account Services. Refund will be based on the chip balance or DBS' host balance whichever is lower.	
<input type="checkbox"/> Terminate my DBS/POSB ATM Card. Do not replace Card. (Card will be terminated within 3 working days upon receipt of this form.)	
Delete the Secondary Account(s) linked to my ATM Card:	1) _____
	2) _____
	3) _____
	4) _____

PART C: Phone Banking Application/ Updates

Primary Account for Phone Banking: S\$Current/Autosave/Savings/Savings Plus* _____
<input type="checkbox"/> Please issue me a Phone Banking account and link the above account as my primary account for Phone Banking:
<input type="checkbox"/> Please reissue me a new PIN for my Phone Banking which is linked to the above account.
<input type="checkbox"/> Please reissue me a new PIN and User ID for my Phone Banking which is linked to the above account.

PART D: iBanking Application

Primary Account for iBanking: S\$Current/Autosave/Savings/Savings Plus* _____
<input type="checkbox"/> Please issue me iBanking account and link the above account as my primary account for iBanking.

PART E: POSB Smart Buddy Programme

- Replacement of Smart Buddy Watch & NETS Contactless Payment Chip: _____ - _____ - _____ - _____ (16-digit Chip no. found on the Smart Buddy Mobile App) Note: A replacement fee of \$30 will be debited from the designated primary account.
- Termination of Smart Buddy Watch & NETS Contactless Payment Chip: _____ - _____ - _____ - _____ (16-digit Chip no. found on the Smart Buddy Mobile App)
- Change/Update of Auto-Crediting Account for Monthly Savings (Allowance/Stamp Savings): _____ - _____ - _____ - _____ (16-digit Chip no. found on the Smart Buddy Mobile App)
 Child's Name _____ Child's IC/Passport No. _____
 ePOSBkids Account No. _____

PART F: Declaration (Important: Please read before signing)

1. For replacement/termination of card: I acknowledge that the ATM Card was disposed at the Branch securely.
2. I agree to be bound by the Terms and Conditions Governing Electronic Services, which apply to the self-service banking facilities herein. I understand that a copy of the Terms and Conditions Governing Electronic Services is available at www.dbs.com.sg.
3. The ATM Card ("Card") and PIN shall be sent to me by mail to my mailing address at my own risk. I understand that it is my responsibility to take necessary precautions to safeguard my Card and PIN.
4. I agree that the primary account(s) as stated in Part C/E/F* will be linked to my ATM Card/Phone Banking/iBanking* account respectively as specified by me.
5. I agree that the secondary account(s) as stated in Part C are in order of priority.
6. I agree that if my primary account is terminated for whatever reason, DBS Bank Ltd ("DBS") is entitled to link the secondary account as stated herein as the primary account for my ATM Card, subject to DBS' approval.
7. I confirm that the information given in this application is complete, true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately inform DBS of such change or inaccuracy.
8. I acknowledge that DBS has the absolute right to approve or reject my application without notice and without assigning any reason whatsoever.
9. I understand and acknowledge that this application will be processed within 5 working days upon DBS' receipt of the completed form.
10. I further confirm that I have read and understood and hereby agree to be bound by the DBS Privacy Policy. I have obtained a copy of the DBS Privacy Policy by:
 - (a) downloading a soft copy from www.dbs.com.sg/privacy; or
 - (b) obtaining a hard copy from a DBS/POSB branch.
 I hereby consent to the collection, use, disclosure and processing of my personal data in accordance with the terms and conditions governing the products and/or services applied for herein and the DBS Privacy Policy, as may be amended by the Bank from time to time.
11. I am aware of Singapore's firm stance against illegal and illicit activities. I confirm that my application for this facility/product is not for illegitimate purposes and that this facility/product will not be used as a platform for illegal activities.

Declaration on Card's magnetic stripe for overseas use (where applicable)

1. I acknowledge and agree that:
 - i. allowing the Card's magnetic stripe for overseas use will enable me to perform (where applicable) (a) Cash withdrawal at overseas ATMs (except for DBS American Express® Cards); (b) Credit Card overseas Cash Advance; and/or (c) Credit Card and Debit Card overseas retail transactions at magnetic stripe (swipe) terminals;
 - ii. the magnetic stripe for overseas use can be subsequently allowed/disallowed via SMS, iBanking/mBanking or at any DBS/POSB ATMs in Singapore (Note: It is recommended that you set the magnetic stripe on your Card(s) to disallow overseas use when you are in Singapore because the risk of unauthorised transactions occurring on the Card is higher when the magnetic stripe is enabled for overseas use, as the magnetic stripe data can be easily copied.); and
 - iii. DBS reserves its rights to disable the magnetic stripe for overseas use at its discretion at any time without notice or liability to any party.

Signature/Thumbprint# Account Holder	Date

Thumbprint must be taken and witnessed at Branch. Please sign as per your DBS/ POSB Bank account records.

* Delete where applicable

For DBS Bank's Use Only

Action by Branch		Action by Credit Ops (CP no: AH0016)	Action by Account Services (CP no: AH0011)
Attended By (Name, Signature, Date)	Attended By (Name, Signature, Date)	Attended by:	Attended by:
		Authorised by:	Keyed in by:
IDS _____	IDS _____	Branch Name/Branch Code:	Report checked by: