

CIS 2.1: CONTACT DETAILS UPDATE FORM - IDEAL (COMPANIES/ASSOCIATIONS)

Please upload the completed form on DBS IDEAL via the File Exchange module. Authorised Signatory(ies) need to approve these requests via the same module.

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 ⁺ :

UPDATE REGISTERED ADDRESS

As per mailing address stated above.

Block _____ Level _____ Unit no: _____ Postal Code: _____

Street: _____

Country: _____

* 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.

Declaration:

By submitting my/our requests or instructions in this form to DBS Bank Ltd. (the "Bank") via the Bank's electronic banking platform, I/we confirm that I/we are duly authorised by the applicant to submit this form to the Bank and to instruct the Bank to update the applicant's details. I/we confirm that the information provided is true, complete and accurate and acknowledge that the Bank will need at least seven (7) business days to update the Bank's records.