

PAYNOW REGISTRATION & DE-REGISTRATION FORM

Business Particulars

1. Registered Name:

2. Unique Entity Number (UEN):

(UEN as per <https://www.uen.gov.sg>. UEN will be used as the proxy for PayNow Registration.)

3. Email Address

(Email address is used for sending email alert when PayNow Corporate registration and/or de-registration request is completed.)

Section 1: Registration

- Please indicate the SGD Account number and corresponding Suffix (if required) for the Registration.
- Proxy Suffix must be 3 alphanumeric characters.
- Proxy Suffix may be left blank if only one Account Number is linked to your UEN for PayNow.
- 1 unique proxy can only be linked to 1 account.

S/N	Account Number <i>(Multi-Currency Current Account – SGD/S\$ Current Account/Digital Account /Autosave Account)</i>											Proxy <i>(UEN+Suffix)</i>				
												UEN	Suffix <i>(3 characters alphanumeric)</i>			
1				-									-			
2				-									-			
3				-									-			

Section 2: De-registration

- Please indicate the account number and corresponding proxy suffix for the De-Registration.
- Proxy Suffix may be left blank if only one Account Number is linked to your UEN for PayNow.

S/N	Account Number <i>(Multi-Currency Current Account – SGD/S\$ Current Account/Digital Account /Autosave Account)</i>											Proxy <i>(UEN+Suffix)</i>				
												UEN	Suffix <i>(3 characters alphanumeric)</i>			
1				-									-			
2				-									-			
3				-									-			

Account Holder's Agreement & Sign Off

I/We agree to be bound by your prevailing General Banking Terms and Conditions, applicable Jurisdiction Schedules and relevant Service Schedule(s) (each as may be amended, supplemented, substituted and/or replaced from time to time). We confirm that we have been given such prevailing terms or accessed them, where published, at go.dbs.com/gbtc and have reviewed them.

I/We understand that the Bank will not proceed with the registration if our UEN is already registered for PayNow.

Name & Signature *

Date:

Name & Signature*

Date:

For Bank's Use Only
CIN Number:

* To be signed off by highest mandate as per operating mandate.

** Please submit completed form at any of the DBS/POSB branches or via your RMs.