

**APPOINTMENT OF MANDATEE FOR SOLE PROPRIETORSHIP
CHANGE OF AUTHORISED SIGNATORY AND/OR SIGNATURE REQUIREMENT FOR PARTNERSHIP
BUSINESS STAMP & SIGNATURE UPDATE FORM**

To: Corporate Account Services, 2 Changi Business Park, DBS AsiaHub #04-06 Singapore 486029

Please complete form in BLOCK letters

(* Delete if not applicable (^) Co-signor is only applicable to sole proprietor of law firm for withdrawal exceeding S\$5,000.

I/We,* the undersigned, being the sole proprietor/partners/authorised signatories* of the Business/Company/Association* hereby request and authorise the Bank to process my/our* instructions as stated herein.

Please tick only one:

- Appointment of Mandatee/ Co-signor*^ for Sole-Proprietorship (complete Part A and Part B, if required)
- Change of Authorised Signatory for Partnership/ Co-signor*^ for Sole-Proprietorship (complete Part A and Part B, if required)
- Change of Signature Requirement for Sole Proprietorship/ Partnership* (complete Part B)
- Update of Business Stamp for Sole Proprietorship/ Partnership* (complete Part C)
- Update of Signature Specimen for Sole Proprietorship/Partnership/Company/Association* (complete Part A)
(Please note that this is NOT the same as Change of Authorised Signatory. Update of signature is only applicable when the sole proprietor or the authorised signatory changes the style or design of its signature. Thus no Board Resolution is needed from Company or Association)

ACCOUNT INFORMATION
Name of Business/ Company
Business Registration No.
Account(s) with the following account numbers to be updated: _____

<p>PART A: APPOINTMENT OF MANDATEE / CO-SIGNOR*^ FOR SOLE PROPRIETORSHIP CHANGE IN AUTHORISED SIGNATORY FOR PARTNERSHIP / CO-SIGNOR*^ FOR SOLE- PROPRIETORSHIP UPDATE OF SIGNATURE SPECIMEN FOR SOLE PROPRIETORSHIP/ PARTNERSHIP/ COMPANY/ ASSOCIATION</p> <p align="center">(Please sign in BLACK ink within the box)</p>

Name	Position Held
NRIC/PP No.	Group (e.g. A, B or C)
Verified by (Name, signature & NRIC/PP No.)	

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NRIC/PP No.	Group (e.g. A, B or C)
Verified by (Name, signature & NRIC/PP No.)	

To be completed and verified by an existing signatory if the new signatory is unable to sign in the presence of Bank staff

PART B: CHANGE OF SIGNATURE REQUIREMENTS FOR SOLE PROPRIETORSHIP/ PARTNERSHIP

Authorisation Limit¹

Signature Requirements²

Any Amount

Up to \$ _____

From \$ _____ to \$ _____

From \$ _____ to \$ _____

Other Signature Requirements

Please read through the following classifications and indicate your signature requirement. Where your requirement does not fall into any of the classification, please indicate the requirement in the space "Other Signature Requirements"

¹Authorisation Limit

The designated Signatories can authorise transactions of:
 ANY AMOUNT - Any amount (i.e. no limit)
 FROM \$ ___ TO \$ ___ - Amount within this range, including the stated amount

²Signature Requirements

SINGLY - Account has only one signatory.
 ANY ONE/TWO... - Any number of signatory(ies) required as specified.
 ALL - All signatories are required.
 A + B +...) Signatories are classified into groups e.g. Group A or Group B.
 A or B or...) Number of signatories required from each group, e.g. 1A+2B, 1A or 2B.

PART C: UPDATE OF BUSINESS STAMP OF SOLE PROPRIETORSHIP/ PARTNERSHIP	OTHER INSTRUCTIONS
Specimen of Stamp (where applicable)	The Bank is hereby authorised to (Please tick one) <input type="checkbox"/> Honour <input type="checkbox"/> Not to honour cheques that have been presented and signed under the old account mandate until _____ (inclusive of the date) notwithstanding that the old account mandate has been superseded by the mandate set out in this form. Mandatee(s) authorised to close the said account as referred to in "Account Information" above : <input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORISED SIGNATORIES AND STAMP (if applicable)

In view of the Bank agreeing to process my/ our* request as stated herein, 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* further authorised the Bank to honour all payment instructions set out in accordance with the mandate as stated herein and/or granted to the Bank. I/We* agree not to overdraw my/our* account without prior arrangement and approval. I/We* warrant that I/We* have the power and authority to sign and deliver this form.

_____	_____	_____	_____
Date	Signature	Signature	Signature
_____	_____	_____	_____
Business/ Company/ Association	Signature	Signature	Signature
Stamp, if applicable			

(If partnership, signatures of all partners are required. If Company/Association, signature of authorised officer of the Company/Association with the highest limit are required.)

FOR BANK USE		
Attended by (Name, Signature and Date)	Approved by (Name, Signature and Date)	Branch Name