

# PAYNOW CORPORATE - SGQR FORM

1. USE THIS SECTION TO GUIDE YOU ON FILLING UP THE FORM			
<b>For Registration</b> <i>(Please select one that applies)</i>		<b>For Amendment</b> <i>(Please select all that apply)</i>	
I am new to SGQR and I would like to register PayNow for SGQR.  <i>Please fill up all sections except 3a</i>	<input type="checkbox"/>	I want to add PayNow to my SGQR Label.  <i>Please fill up all sections except Outlet Address under Section 3b.</i>	<input type="checkbox"/>
I have existing SGQR for my outlets and I need SGQR labels for my new outlets.  <i>Please fill up all sections except 3a</i>	<input type="checkbox"/>	I want to change the PayNow Payment Reference on my SGQR.  <i>Please fill up all sections. For Section 3b, fill up only Payment Reference.</i>	<input type="checkbox"/>
My outlet is moving to a new location, I need a new SGQR.  <i>Please fill up the all sections except 3a.</i>	<input type="checkbox"/>	I want to change my outlet name; how do I amend the SGQR Label name?  <i>Please fill up all sections. For Section 3b, fill up only Name on Label.</i>	<input type="checkbox"/>
2. BUSINESS / ORGANISATION INFORMATION			
Registered Name			
Business Registration Number (UEN)			
3a. SGQR ID (IF APPLICABLE)			
Existing SGQR ID			
3b. DETAILS REQUIRED FOR SGQR			
PayNow Proxy <i>(e.g. UEN+Suffix)</i>			
Name on QR Label <i>(Max 25 chars with spaces)</i>			
Outlet Address	Postal Code		
	Outlet Level	Unit Number	
Payment Reference <i>(Max 25 chars with spaces)</i>	<i>(OPTIONAL)</i>		
Do you need printed SGQR labels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of SGQR Labels <i>(4 free SGQR labels will be provided. Charges apply for additional labels as per pricing guide.)</i>
3c. CONTACT DETAILS			
Name		Contact Number	
Email Address <i>(Email address is used for sending notification on the status of the request and pdf copies of the SGQR.)</i>	1.	3.	
	2.	4.	

#### 4. DECLARATION, ACCEPTANCE & CONSENT

I/We wish to apply for services provided by DBS Bank Ltd. (“**you**” or “**your**”) to facilitate my/our registration and/or update of my/our PayNow corporate proxy with the central repository for the Singapore Quick Response Code (“**SGQR**”) and such other services to facilitate the collection of payments from my/our payors through the SGQR scheme (“**SGQR Service**”).

By signing and submitting this form, I/we:

1. agree that the SGQR Service is provided on and subject to your prevailing “DBS Terms and Conditions Governing SGQR Service” (the “**Terms**”) and agree to be bound by such Terms, a copy of which is available at [www.dbs.com](http://www.dbs.com).
2. confirm that all information and documents provided by me/us, including information in this form, are true, complete and accurate. I/we understand you are under no duty or obligation to verify and authenticate any information and documents provided by me/us.
3. confirm that the person(s) signing this form are duly authorized by me/us to sign and deliver this form to you.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name/Designation

\_\_\_\_\_  
Name/ Designation:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

## ANNEX

### Details of Outlet 2:

3a. SGQR ID (IF APPLICABLE)			
Existing SGQR ID			
3b. DETAILS REQUIRED FOR SGQR			
PayNow Corporate Proxy <i>(e.g. UEN+Suffix)</i>			
Name on Label <i>(Max 25 chars with spaces)</i>			
Outlet Address	Postal Code		
	Outlet Level	Unit Number	
Payment Reference <i>(Max 25 chars with spaces)</i>	<i>(OPTIONAL)</i>		
Do you need printed SGQR labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of SGQR Labels <i>(4 free SGQR labels will be provided. Charges apply for additional labels as per pricing guide.)</i>	
3c. CONTACT DETAILS			
Name		Contact Number	
Email Address <i>(Email address is used for sending notification on the status of the request and pdf copies of the SGQR.)</i>	1.	3.	
	2.	4.	

### Details of Outlet 3:

3a. SGQR ID (IF APPLICABLE)			
Existing SGQR ID			
3b. DETAILS REQUIRED FOR SGQR			
PayNow Corporate Proxy <i>(e.g. UEN+Suffix)</i>			
Name on Label <i>(Max 25 chars with spaces)</i>			
Outlet Address	Postal Code		
	Outlet Level	Unit Number	
Payment Reference <i>(Max 25 chars with spaces)</i>	<i>(OPTIONAL)</i>		
Do you need printed SGQR labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of SGQR Labels <i>(4 free SGQR labels will be provided. Charges apply for additional labels as per pricing guide.)</i>	
3c. CONTACT DETAILS			
Name		Contact Number	
Email Address <i>(Email address is used for sending notification on the status of the request and pdf copies of the SGQR.)</i>	1.	3.	
	2.	4.	

**\*Append Annex as necessary**