

8 OTHER INSTRUCTIONS

Tick where applicable

a. Parent/Subsidiary Companies Linkage

The relevant parent/subsidiary companies are required to submit a maintenance form to confirm linkage

Parent/Subsidiary Company Name <input type="radio"/> Parent <input type="radio"/> Subsidiary
Company Registration No. (UEN) / IDEAL Organisation ID

Parent/Subsidiary Company Name <input type="radio"/> Parent <input type="radio"/> Subsidiary
Company Registration No. (UEN) / IDEAL Organisation ID

b. File Transfer

<input type="checkbox"/> Access this service
File Transfer is a facility whereby you can generate a payment/payroll file from your system into a DBS compatible format, to be uploaded directly in IDEAL. It is recommended to send a test file to DBS for testing prior to uploading actual payment/payroll file. You may send the test file to our DBS BusinessCare at BusinessCareSG@dbs.com or contact us at 1800-222-2200 for any queries.

c. Other Specific Instructions

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9 AGREEMENT, AUTHORISED SIGNATORIES AND STAMP

I/We hereby confirm that I/we have obtained copies of the DBS Electronic Banking Services Terms and Conditions ("EB Terms") and Fee Schedule, which I/we have read, understood and accepted and I/we have also read and understood Section C of this form, including the Important Notes therein. In addition, I/we acknowledge that there are other terms and conditions and agreement(s) intended or expressed to govern the use of other relevant banking products and services offered by DBS Bank Ltd (the "Bank") which may be used by me/us from time to time. By signing this application form, I/We hereby confirm that I/we have read, understood and agree to be bound by the EB Terms (including the clause relating to the collection, processing, use and disclosure of personal data) and such terms and conditions and agreement(s) intended or expressed to govern the use of other relevant banking products and services offered by the Bank which may be used by me/us from time to time. Copies of the Bank's prevailing terms and conditions can be found at www.dbs.com.sg.

I/we confirm that notwithstanding any other authorisation or instruction provided by the Organisation named in this form ("Organisation") to the Bank, the Bank is authorised to act on the authorisations or instructions provided in this form without further checks, even if the authorisations or instructions may contradict any other instructions provided by the Organisation to the Bank.

Should any Customer Self Administrator cease to be employed by the Organisation, I/we undertake to inform the Bank and the Organisation will submit the IDEAL Maintenance form to delete this Customer Self Administrator's profile in IDEAL. I/We agree that the Organisation shall not hold the Bank liable for any act or omission by an Customer Self Administrator who ceases to be employed by the Organisation for which the Bank is not informed.

For Partnerships, signatures of all partners are required. For companies, signatures of the authorised officers are required.

For Associations, Clubs & Societies, signatures of any two of existing/outgoing Chairman, Secretary or Treasurer are required.

I/We have read the **Risk Disclosure Statement** of Single Control in DBS IDEAL and where I/we authorise the Bank to proceed with Single Control setup in DBS IDEAL, I/we fully understand and acknowledge the characteristics of Single Control and the risks with this authorisation, and agree to assume and be responsible for all the risks associated with and losses arising out of or in connection with the application and use of Single Control in or through DBS IDEAL. I/We undertake to keep the Bank fully indemnified from and against any loss, costs (including legal costs on a full indemnity basis), charges, damages, claims, demands, actions, proceedings and all other liabilities of whatever nature and howsoever incurred or suffered by the Bank or which may be brought or preferred against the Bank as a result of the Bank agreeing to act on our said authorisation. I/We also understand that the Bank may terminate the provision of Single Control procedure by notice to us at any time.

Name:
Date:
Signature: SIGN HERE

Name:
Date:
Signature: SIGN HERE