

Administration Form

To :
DBS Bank Ltd.
3rd Floor, Fort House,
Dr. D. N. Road, Fort,
Mumbai – 400001, India

Or:
DBS Bank Ltd.
Birla Towers, UGF,
25 Barakhamba Road,
New Delhi – 110001, India

This form can be used for following:

- Unlock User
- Request for New PIN
- Unlock Security Device
- Replace Security Device

1. COMPANY PROFILE

Organisation ID	
Company's Name	

Notes:

- Please specify your Organisation ID used for the login to IDEAL™
- Please specify your Company Name as per the one used for the application of IDEAL™

2. LOGIN PIN / TOKEN (if applicable)

User Full Name / User ID / Token Serial No / Unlock Code	Email Address	Unlock/Enable User	Request for New PIN	Unlock Security Device	Replace Security Device
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

- Please specify the User Full Name and User ID if you require the bank to reset the login pin or unlock the user access.
- **For Reset of Token PIN, there is no need to return the physical Token. Just indicate the User Full Name, Token Serial and Token Unlock Code.**
- Please specify the User Full Name, User ID and Token Serial Number if you require replacing the Token. The physical Token must be returned for replacement.

3. AUTHORISED SIGNATORIES

Name of Authoriser	
Signature	
Date	

For partnership, the signatures of all partners are required. For a company which has furnished DBS Bank Ltd with a standalone Electronic Banking Board Resolution, the authorised signatories must be the current authorised signatories specified in that document. For a company which has furnished DBS Bank Ltd with a Board Resolution for the opening of the current account that covers Electronic Banking services, the authorised signatories must be the current authorised signatories with the highest authorisation limit as specified in that document.

FOR BANK USE ONLY

CHANNEL CREATOR	CHANNEL AUTHORISER
Name	Name
Signature	Signature
Date	Date