

Yes! We want to open a joint-alternate MySavings Account.

IMPORTANT

- In order to apply for the MySavings Account through mail, both of you must have an existing personal/joint-alternate DBS/POSB savings/current account. Otherwise, please visit any DBS branch to open the account.
- Please countersign against any amendment made on this form. All fields are mandatory unless stated optional.
- Your application will usually be processed within 2 weeks of receipt. Please note that we will be unable to process your application if the mandatory fields on the form do not match the Bank's record. Information capture on the form, which differs from the Bank's record, will not be updated in the Bank's record.

Section A: Account Holder 1 – Personal Particulars

Full Name as in NRIC/Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm	NRIC/Passport Number
Contact Numbers (Home) _____ (Mobile) _____ (Office) _____	
Account Mailing Address _____ Postal Code _____	
Residential Address (Please complete if your residential address is different from the mailing address. For foreigners, please indicate foreign residential address.) _____	

Section B: Account Holder 2 – Personal Particulars

Full Name as in NRIC/Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm	NRIC/Passport Number
Contact Numbers (Home) _____ (Mobile) _____ (Office) _____	
Account Mailing Address _____ Postal Code _____	
Residential Address (Please complete if your residential address is different from the mailing address. For foreigners, please indicate foreign residential address.) _____	

Section C: Our Monthly Savings Instructions

Our Monthly Savings Amount: \$ _____ .00 (Please indicate an amount between \$50 and \$3,000, in multiples of \$10.)

Our Monthly Savings Date: _____ day of the month. (Please select between 1st and 25th of the month.)

Debiting Account Type (Please tick "✓"): **DBS Savings Plus** **DBS Autosave** **DBS Current** **POSB Savings**

Debiting Account Number: _____

Section C: Our Initial Deposit (Optional)

We enclosed a cheque number _____ of \$ _____ for deposit into our new account for the initial deposit.

Section D: Agreement

Important: Please read before signing

1. We hereby declare and confirm that we are the beneficial owners of the account and of all funds deposited or will be deposited into the account.
2. Please open the account in our name. Other than the above information, we agree for you to open the account using my other information based on the information in the Debiting Account indicated above.
3. We have read and understood, and agree to abide by the Bank's Terms and Conditions Governing Account(s), a copy of which we acknowledge has been made available to me and is accessible on the bank's website.
4. We understand that approval of this application is at the Bank's discretion.



Signature of Account Holder 1*



Signature of Account Holder 2*

Date

*Please sign as per the Bank's record for the debiting account. Please do not affix your thumbprint.

Notice on Deposit Insurance Scheme: Deposit accounts held by individuals or charities are insured by the Singapore Deposit Insurance Corporation for up to \$20,000 in aggregate across specified accounts for each depositor under the Deposit Insurance Act.

For Bank's Use Only

Account Opened by (Name/Signature/Date)	Account Checked by (Name/Signature/Date)
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Postage will be
paid by
addressee.
For posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 05866



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