

Yes, I want to open a joint-alternate POSBkids Account with my child!

IMPORTANT

- A joint-alternate account can be operated by you and your child singly.
- You must have an existing signature operated personal/joint-alternate POSB/DBS savings/current account for verification purpose. Otherwise, please visit any POSB branch to open the account.
- All fields are mandatory unless stated optional. Please countersign against any amendments made on this form.
- Your application will usually be processed within 1 week of receipt. We will be unable to process your application if the mandatory fields on the form do not match the Bank's record. Information captured on the form, which differs from the Bank's record, will not be updated in the Bank's record.
- If you would like to receive eStatements, please enrol via iBanking. Otherwise you will receive hard copy statements.

Documents required for your child

- If your child does not have an existing savings account with POSB/DBS, please provide us with the following documents:
 - (i) Copy of your child's birth certificate/student identification pass and a copy of your child's passport (pages with personal particulars and expiry date) if your child is a foreigner.
 - (ii) Legal documents as proof of relationship if you are the child's legal guardian.

A. Choice of Passbook or Statements

Please tick "✓" one

- Passbook Monthly statements

B. My Personal Details

Full Name in NRIC/Passport (underline surname): Dr Mr Mrs Miss Mdm

NRIC/Passport Number:

Contact Numbers (*You will receive a SMS at this number if your application is unsuccessful.):

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.)

C. My Child's Personal Details

Full Name as in Birth Certificate/Passport:

Date of Birth: _____ Birth Certificate/Passport Number: _____

Nationality: _____ Gender: _____
 Male Female

Home Contact Number: _____ Race: _____

Residential Address: (Please complete if the residential address is different from the parent's mailing address. For foreigners, please indicate foreign residential address.)

D. Automatic Funds Transfer (Optional)

Transfer a fixed amount from your personal/joint-alternate POSB/DBS savings or current account to save in this POSBkids Account every month.

Debiting Account No.:

Amount:

Date of transfer:

Month to start:
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E. Other Services (Optional)

To access the POSBkids Account with a POSB GO! Enhanced ATM Card and/or via internet banking, please tick:

- YES!** I want to access my account via internet banking. I understand the Bank will send me the user ID, PIN and token if I am not an existing internet banking user.
- YES!** I want to hold a POSB GO! Enhanced ATM Card. I understand the Bank will send me the card & PIN if I do not have an existing POSB GO! Enhanced ATM Card.

Name (Parent/Legal Guardian) to appear on POSB GO! Enhanced ATM Card:

For Bank's Use Only

POSBkids A/c No.:

F. Agreement

Important: Please read before signing

1. I hereby declare and confirm that I/we am/are the beneficial owner(s) 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, I agree for you to open the account using my other personal information based on the Bank's records. I understand that approval of this application is at the Bank's discretion.
3. I have read and understood, and agree to abide by the Bank's Terms and Conditions Governing Accounts, Terms and Conditions Governing Electronic Services, and the Debit ATM Card (Unembossed Cards) Agreement, a copy of which I acknowledge has been made available to me on the Bank's website.
4. I am aware that my consent is not required for my child to update his/her signature/thumbprint with the Bank after the account has been opened, and that the Bank does not issue notification of signature/thumbprint updates. After such update, I am aware that my child will be able to operate the account singly.
5. I am aware and agree that my child upon reaching such age as the Bank may prescribe from time to time, may without my consent apply for self-service banking facilities, and operate this account through such facilities.
6. Child's signature/thumbprint is not compulsory.

Account Holder's Signature[#]

Date

[#] Please sign as per the Bank's record. Please do not affix your thumbprint. Your child's signature/thumbprint is not required on this form.

For Bank's Use Only

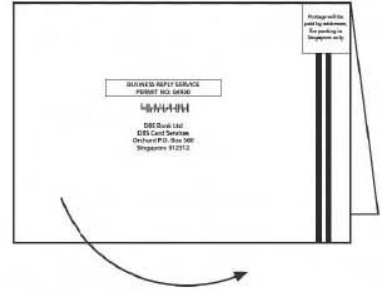
Account Opened by:

Account Checked by:

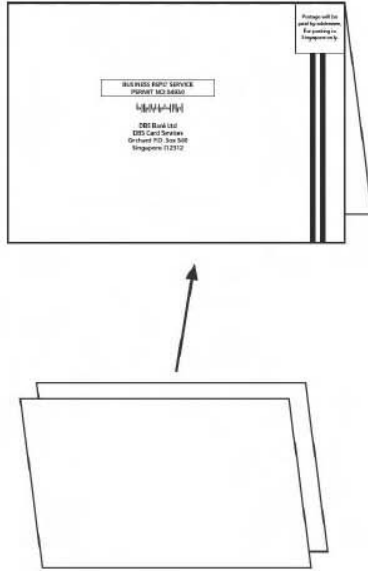
POSBkids Account is insured by the Singapore Deposit Insurance Corporation for aggregated coverage of up to S\$50,000 per insured depositor.

How to use this postage-paid return envelope:

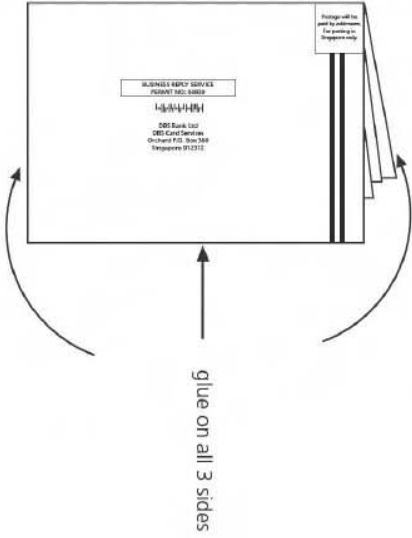
1) Fold this in half with the mailing details exposed.



2) Attach your supporting documents within.



3) Seal all 3 sides with glue, encasing your supporting documents and mail.



Please fold along dotted line

Postage will be paid by addressee, For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 05866**



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