

To: DBS BANK LTD  
SINGAPORE

**CHANGE IN AUTHORISED SIGNATORIES  
CERTIFIED EXTRACT OF RESOLUTION PASSED BY  
THE BOARD OF DIRECTORS OF COMPANY/ BOARD OF COMMITTEE/  
BOARD OF TRUSTEES OF ASSOCIATION/SOCIETY**

**TYPE OF ENTITY**

<Please tick one>

- COMPANY  
 ASSOCIATION/SOCIETY

The following resolutions were passed by the **Board of Directors / Board of Committee / Board of Trustees** of \_\_\_\_\_  
\_\_\_\_\_ (CIN No.: \_\_\_\_\_ )  
on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Resolved That:<Please tick one>

- All previous mandates' reference to authorised signatories for the Company's / Association's / Society's account(s) given below, be superseded and rescinded, with effect from date of update of this new mandate.
- Other than the amendments provided below, the mandates which were previously furnished to the Bank with reference to authorised signatories of the account(s) of the Company / Association / Society shall remain in full force and effect.

The following person/s with their respective offices and their signatures, is/are\* hereby authorized on behalf of the Company's / Association's / Society's to operate such account(s) and facility/ facilities as stated in the previous resolutions, in the following manner or in the manner indicated in the attached Annex A.

**ACCOUNTS TO BE UPDATED**

<Please tick one>

- All accounts with DBS Bank Ltd are to be updated.
- Account(s) to be updated is/are: \_\_\_\_\_  
\_\_\_\_\_

**(I) ADDITION OF SIGNATORIES**

- Addition of signatories / Change in grouping of signatories  
Details and specimen signatures of new signatories are provided in Annex A

**(II) DELETION OF SIGNATORIES**

- Deletion of signatories
- We authorize the Bank to terminate access to Corporate ATM Cards and Business Advance Cards for the accounts specified, for all the signatories which are being removed. *(Please enter Card No. for cancellation below.)*
- We authorize the Bank to terminate eAdvice for the accounts specified, for all the signatories which are being removed. *(Please enter the users' full names below)*

Details of signatories to be deleted:

1. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	4. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:
2. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	5. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:
3. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:	6. Name: NRIC/PP No.: Corporate ATM/ Business Advance Card No.:

**(III) UPDATE OF SIGNATURE REQUIREMENTS<sup>1</sup>**

Authorisation Limit <sup>2</sup>	Signature Requirements <sup>3</sup>
<input type="checkbox"/> Any Amount	
<input type="checkbox"/> Up to \$	
Above \$ _____ up to \$ _____	
Above \$ _____ up to \$ _____	
Above \$ _____	
<input type="checkbox"/> Other Signature Requirements	

Proceed with authorized instruction without requiring Company stamp

Please read through the following classifications and indicate your signature requirement. Where your requirement does not fall into any classification, please indicate the requirement in the section "Other Signature Requirements".

1 Where there is an attached schedule,  
 - for company, it has to be duly certified either by 2 Directors or by 1 Director and Company Secretary.  
 - for association / society, it has to be duly certified either by the Chairman of meeting of Board of Committee and the Secretary of the Association / Society.

**2 Authorization Limit**

The designated Signatories can authorize transactions of:  
 ANY AMOUNT - Any amount (i.e. no limit)  
 Up to \_\_\_\_\_ - Up to and inclusive of the stated upper amount  
 Above \$ \_\_\_\_\_ up to \$ \_\_\_\_\_ - Above and excluding the stated lower range. Up to and inclusive of the stated upper range  
 Above \$ \_\_\_\_\_ - Above and excluding the stated amount

**3 Signature Requirements**

SINGLY - Account has only one signatory.  
 ANY ONE/TWO... - Any number of signatory(ies) required as specified.  
 ALL - All signatories are required.  
 A + B + ... ) Signatories are classified into groups e.g. Group A or Group B.  
 A or B or ... ) Number of signatories required from each group, e.g. 1A + 2B, 1A or 2B.  
 \*Delete where applicable

**(IV) OTHER INSTRUCTIONS**

(a) Cheques: The Bank is hereby authorized to <Please tick one>:

Honour cheques that signed under the previous mandate till \_\_\_\_\_\*, notwithstanding that the old previous mandate has been superseded. (Date)

\*Note: If honour of cheques under the previous mandate is requested, then this period will end six months from the date of update of this mandate or the above specified date or the validity period of the cheque, whichever is earlier.

Do not honour cheques signed under the previous account mandate, from the date of update of the new mandate

(b) eAdvice: The Bank is hereby authorized to <Please tick where applicable>:

Update eAdvice User Particular  Update e-Advice Main Contact Person

(1) User Full Name: _____	Alert Mode: Email: _____ and/or	Alert Type: <input type="checkbox"/> Inward Transfer and/or
Action: <input type="checkbox"/> Add or <input type="checkbox"/> Update (Please tick one)	SMS: + _____ - _____ - _____	(Please Tick) <input type="checkbox"/> Outward Transfer
	(Country Code) (Area Code)	For Amounts Above _____
(2) User Full Name: _____	Alert Mode: Email: _____ and/or	Alert Type: <input type="checkbox"/> Inward Transfer and/or
Action: <input type="checkbox"/> Add or <input type="checkbox"/> Update (Please tick one)	SMS: + _____ - _____ - _____	(Please Tick) <input type="checkbox"/> Outward Transfer
	(Country Code) (Area Code)	For Amounts Above _____
Main Contact Person: _____	Contact Number: + _____ - _____ - _____	Email: _____

This section is only for existing eAdvice customers. If no amount is specified, notifications will be sent for all amounts. Main contact person will be unchanged if no details are provided above.

We hereby certify that said foregoing resolutions were passed and have been duly recorded in the minute book of the Company/ Association / Society and the said resolutions are now in full force and effect. We further certify that the Signatory/ Signatories listed in Annex A attached hereto are present officers of the Company/ Association / Society, occupying the positions stated and that the signatures are those of the respective signatories.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

DIRECTOR / CHAIRMAN  
Name:

COMPANY SECRETARY / DIRECTOR / SECRETARY  
Name:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



**Annex A**

Company Name: \_\_\_\_\_ (CIN No.: \_\_\_\_\_ )

**AUTHORISED SIGNATORIES**

Note 1: Only new signatories and existing signatories who wish to update their signature record are required to sign in the specimen signature box.

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

Signature:	
Name:	
NRIC/PP No.:	Group (e.g A, B or C):
Position Held:	

**Annex B****CHECKLIST OF CHANGE OF MANDATE****i) What you need to bring**

	Private Limited	Foreign Corporation	Society / Club / Association
Change of Mandate Resolution <i>(Bank's standard / company's)</i>	✓	✓	✓
Certified true copies of NRIC / Passport of All Authorized Signatories / Office Bearers	✓	✓	✓
Certificate Of Incumbency (COI) <i>(Validity is within 12 months from this application)</i>		✓	
Register of Directors (or equivalent) <i>(If existing outgoing Company Director / Company Secretary are unavailable to authorised)</i>		✓	
Certified true copy of Constitution			✓

**ii) Certification of true copies**

Photocopied of supporting documents must be certified true by signature from the following:

Private Limited / Foreign Corporation	Company Director or Company Secretary
Society / Club / Association	Any Office Bearers