

Yes! We want to open a joint-alternate DBS Savings Plus Account.

IMPORTANT

- In order to apply for the DBS Savings Plus Account through mail, both of you must have an existing signature operated personal/joint-alternate DBS/POSB savings/current account. Otherwise, please visit any DBS branch to open the account.
- Please countersign against any amendments made on this form. All fields are mandatory unless stated optional.
- 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.

Section A: Account Holder 1 – Personal Particulars (Fields with * are mandatory)

| | |
|---|------------------------|
| 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 (^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 different from the mailing address. For foreigners, please indicate foreign residential address.) * | |

Section B: Account Holder 1 – iBanking & Debit Card (Optional) You must be at least 16 years old to apply.

Please tick "✓" the following if you wish to sign-up for iBanking and/or Debit Card.

YES, I want to sign-up for iBanking. I understand the Bank will send me the user ID, PIN and token if I am not an existing iBanking user.

YES, I want to sign-up for a DBS Visa Debit Card. I understand the Bank will send me the card and PIN if I do not have an existing DBS Visa Debit Card. I understand that if I am not an existing iBanking user, the Bank will also send me the iBanking user ID, PIN and token.

Name to appear on debit card

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Section C: Account Holder 2 – Personal Particulars (Fields with * are mandatory)

| | |
|---|------------------------|
| 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) _____ | |
| Residential Address (Please complete if different from the mailing address. For foreigners, please indicate foreign residential address.) * | |

Section D: Account Holder 2 – iBanking and Debit Card (Optional) You must be at least 16 years old to apply.

Please tick "✓" the following if you wish to sign-up for iBanking and/or Debit Card.

YES, I want to sign-up for iBanking. I understand the Bank will send me the user ID, PIN and token if I am not an existing iBanking user.

YES, I want to sign-up for a DBS Visa Debit Card. I understand the Bank will send me the card and PIN if I do not have an existing DBS Visa Debit Card. I understand that if I am not an existing iBanking user, the Bank will also send me the iBanking user ID, PIN and token.

Name to appear on debit card

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Section E: Initial Deposit (Mandatory)

I/We understand that the debiting account must be a personal or joint-alternate account in my/our name, and operated using signature. I/We authorise the Bank to debit the DBS/POSB account below for the initial deposit.

| | | | | |
|-------------------------|--|------------------------|-----|----------------------------|
| Debiting Account Number | | Initial Deposit Amount | S\$ | Min requirement is S\$500. |
|-------------------------|--|------------------------|-----|----------------------------|

Section F: Agreement (Mandatory)

Important: Please read before signing

- 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.
- Please open the account in our name. Other than the above information, we agree for you to open the account using my other personal information based on the Bank's records. We understand that approval of this application is at the Bank's discretion.
- We have read and understood, and agree to abide by the Bank's Terms and Conditions Governing Account(s), Terms and Conditions Governing Electronic Services and DBS Debit Card Agreement, a copy of which has been made available to me on the Bank's website.

Signature of Account Holder 1*
Signature of Account Holder 2*
Date

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

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

For Bank's Use Only

| | | | |
|-------------------|-------------------|-------------------|--------------------|
| Debit Card No. 1: | Debit Card No. 2: | Account Opened by | Account Checked by |
| IB UID 1: | IB UID 2: | | |

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

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PERMIT NO. 05866



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