SSB1: APPLICATION FOR DBS SELF-SERVICE BANKING SERVICES (INDIVIDUAL)

To: DBS Bank – Account Services, 60 Alexandra Terrace, #05-16/17, The Comtech, Singapore 118502

- ATM Card/ Internet Banking User ID/PIN will be mailed via ordinary mail to the address of the Primary Account.
- Account holders between 12 and < 16 years of age are not eligible to apply for ATM Card unless with parental/guardian/joint holder consent.
- Account holders below 16 years of age are not eligible to apply for internet banking.

CUSTOMER PARTICULARS

Name _____ IC/Passport No. _____ Contact No. (H) _____ (Hp) _____

CHOICE OF SELF-SERVICE BANKING SERVICES

I would like to apply for *(✓ appropriate box):*

1. ☐ DBS ATM Card ☐ POSB ATM Card ☐ Treasures ATM Card (only for Treasures customers)
   - Name to appear on ATM card & display over the ATM [use only if name exceeds 23 characters]

   - Daily ATM Withdrawal Limit (default $200 for < 16) ☐ $500 ☐ $1,000 ☐ $2,000 (standard) ☐ $3,000
   - Daily NETS Limit: ☐ $500 ☐ $1,000 ☐ $2,000 (standard) ☐ $3,000
     (Default $200 for < 16, NETS limit change not allowed for < 16)
   - Daily ATM 3rd party Funds Transfer Limit ☐ $3,000 ☐ $5,000 (standard)
   - Access ATM overseas? ☐ Yes ☐ No
   - Language used at ATM (Only for DBS card applicant) ☐ English ☐ Selection at ATM
2. ☐ Phone Banking (PB)
3. ☐ Internet Banking (IB)

   } Service will apply for all accounts under applicant's name

   ☐ IB-Msg Country code _____ Area code _____ Mobile number _____

Please provide us the mobile number registered to your name. For verification purpose, please forward us the latest original phone bill together with the application form
DBS iBanking Service must be activated to access iB Message.

DESIGNATION OF PRIMARY ACCOUNT FOR ATM/ PHONE BANKING/ INTERNET BANKING & LINKAGES OF OTHER ACCOUNT(S) TO ATM CARD

1. **Primary Account No***. For ATM card/ PB/ IB
   S$Current/Autosave/Savings/Savings Plus

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   (include hyphens)

** Primary Account is used for ATM Card transactions without account selection, e.g. ATM Fast Cash / NETS, correspondence & where applicable, Bill Payment service & debiting of fees.*

Other Account Nos to be linked to ATM card. (include hyphens):

2. | | | | - | | | | | | | | |
   |---|---|---|---|---|---|---|---|---|---|---|---|
   | | | | - | | | | | | | | |
3. | | | | - | | | | | | | | |
   |---|---|---|---|---|---|---|---|---|---|---|---|
   | | | | - | | | | | | | | |

4. CPF/ASPF Investment: ☐ *(✓ if this is the only account applied)*

- For existing users, account(s) stated above will be included to the respective services, & account(1) will supersede previous Primary Account specified.
- Auto-access to CPF/ASPF Investment Account & Securities Financing Account (SFA) if one S$CA/ATS/SA/SP tagged to service.

Declaration: I agree to abide by the prevailing Terms & Conditions Governing Electronic Services.

_____ _____
Signature/Thumbprint# Account Holder Date

Parental/ Guardian/ Joint holder consent:

I, parent/guardian*_____, IC/Passprt No:_____ &
joint holder _____, IC/ Passport No: _____ am giving my consent to the Bank to issue the ATM card to _____ , IC/Passport No: _____ together with the change in the daily withdrawal limit / linkage to my account*.

_____ _____
Signature/ Thumbprint# of Parent/ Guardian Signature/ Thumbprint# of Joint Holder

CUSTOMER ACKNOWLEDGEMENT FOR INSTANT ISSUANCE OF ATM CARD AT BRANCH

I acknowledge that I have: ☐ received my ATM Card and selected my ATM Card PIN at DBS Bank.
☐ selected my Phone Banking PIN at DBS Bank.

_____ _____
Signature/Thumbprint# of Account Holder* Date

Thumbprint must be taken and witnessed at Branch. * To delete accordingly.

FOR BANK'S USE ONLY

Action by Branch *For SSB Applications* Signature/Thumbprint Verified by: _____ Authorised by: _____ Branch Name/ Branch Code: _____	Action by Branch *For ATM PIN / Phone Banking PIN* Attended by: _____ Authorised by: _____ Branch Name/ Branch Code: _____	Action by Account Services (CP no: CT0008) Authorised by: _____ Keyed in by: _____ Report checked by: _____