CASH MANAGEMENT SERVICES – MASTER SETUP FORM

ORGANIZATION PROFILE

Date: ☐☐ / ☐☐ / ☐☐☐☐

Master Setup Form for Below Products (Please tick wherever applicable)

☐ Virtual Account	☐ Unified Payment Interface (UPI)	☐ NACH Debits	☐ Cheque Collections
☐ Cash Collections	☐ ENCORE	☐ IDEAL e-Reports	☐ eTax - Customer Onboarding Form
☐ IDEAL Connect	☐ Liquidity Management System	☐ PRIME	☐ IDEAL Rapid

Customer Details

Name of Organization _____

_____

Customer CIF _____ CIN _____

IDEAL ORG ID *(For existing IDEAL Customers)* _____ IDEAL CONNECT ORG ID _____

Email ID's where MIS to be sent (applicable for cheque, PDC, PSBCS, NACH, Cash) _____

_____

_____

_____

_____

The Cash Management Services (Receivables / Collections and Payables services) offered by the DBS Bank India Limited ("DBS") shall be more specifically governed by General Banking Terms and Conditions which include the Service Schedule for Cash Management (Collection and Payment) Terms as amended from time to time. I/We hereby confirm that, we have read and understood the General Banking Terms and Conditions hosted on the website www.dbs.com/india. By executing this Master Setup Form, I/We agree to be bound by the General Banking Terms and Conditions with respect to any Cash Management Services. These General Banking Terms and Conditions shall prevail over any other any other terms and conditions agreed by us. In the event of any discrepancy, the latest General Banking Terms and Conditions as available on www.dbs.com/in shall prevail.

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 1	
Authorised Signatories		Authorised Signatories	
Name		Name	

Note: For any product setup, kindly submit the Organization Profile page along with the relevant product setup form. In case of any clarification, please check with your Relationship Manager.

VIRTUAL ACCOUNT SERVICE FORM

☐ New Application ☐ Update ☐ Termination Date: ☐☐ / ☐☐ / ☐☐☐☐

Current Account Number (for Crediting of proceeds)	Account Name	Corp Code	Master Corp Code*	Child Corp Code*
			☐	☐
			☐	☐

One Master Code per CIF

Channel Selection

I want to receive payments from:	Add	I want to receive MIS from:
Electronic Funds Transfer (e.g. NEFT, RTGS, IMPS, Inward Telegraphic Transfers and DBS Internal Account Transfers)	☐	☐ In pdf version and as a CSV data file via DBS IDEAL™ ☐ As a 'CSV' data file directly to my System Host via DBS Secure Gateway every _____ mins.

Note: Ideal Custom Reports will be enabled for all VA Accounts across users. The report can be provided at a minimal interval of 30 minutes.

Product Selection

☐ Dynamic Virtual Account. Exception Flag ☐ Yes ☐ No**

Dynamic Virtual Accounts - The Virtual Account Numbers will consist of the fixed Corporation/Client Code as assigned by DBS Bank India Limited (DBS) and the variable payment reference number as communicated by us to our payers. Funds deposited by reference to our fixed Corporation/Client Code forming part of the Virtual Account Numbers to be automatically credited to a master account designated by us (the "Master Account"). On the basis of the validation of the Corporation/Client Code, DBS shall make a credit to your Master Account. DBS will credit the Master Account even if the variable payment reference number is not as per the validation logic provided by us.

☐ Static Virtual Account. Exception Flag ☐ Yes ☐ No***

Static Virtual Accounts - The Virtual Account Numbers will consist of the fixed Corporation/Client Code as assigned by DBS and the variable payment reference number as communicated by us to our payers and maintained by DBS. Funds deposited by reference to our fixed Corporation/Client Code and payment reference number forming part of the Virtual Account Numbers will be automatically credited to a master account designated by us (the "Master Account"). On the basis of the validation of the Corporation/Client Code and the Payment reference number DBS shall make a credit to our Master Account. The Bank will not credit the Master Account if the corporation / client code and the payment reference number is not as per the validation logic provided by us

***Transactions that do not match Virtual Account Length and Type Check combination would get rejected.*

****Transactions that do not match Virtual Account Number as maintained with DBS would get rejected.*

Rule Based Advising required? ☐ Yes ☐ No

☐ Email Advising ☐ SMS Advising

Reporting Required?

☐ Standard Reporting ☐ Detailed Reporting

☐ Customised Reporting ☐ Yes ☐ No

☐ Intra Day ☐ Yes ☐ No

☐ 30 Min ☐ 1 hour ☐ 2 hour ☐ EOD

Account Charges

☐ Monthly Maintenance Charges _____

☐ Set up Charges _____

☐ Transaction Charges _____

Please Note: 30 mins, 1 hour and 2 hour report are applicable only if the intra-day report option is selected as Yes.

Please check ☐ Update boxes for the section(s) being updated

Payment Reference Validation

My customers should key in a ACCOUNT NUMBER in this format :

[E.g.: X - XXX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX]

VA Check Dgit	Client/ Corporation Code	Payment Reference Number (Max 30 Characters)

(Please state)

☐ The Length of the Payment Reference number must be exactly / within the range of _____

_____ (e.g. exactly 30 or within the range of 1-30)

☐ The VA Length and Type Check Alphanumeric combinations are _____

e.g. AANNNNNX, A – Alphabet, N – Numeral, X – Anything*

☐ The Valid values are _____

e.g. AA must be RP, SP, NP or TP, NNNNN must be in the range of 50000 – 99999

☐ This Payment Reference represents the _____

e.g. customer account no., bill reference no., ticket no., purchase order no., dealer/distributor code, mobile no., etc.

☐ These are a few Examples of an acceptable payment reference: _____

_____

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

DBS UNIFIED PAYMENT INTERFACE (UPI) - IDEAL RAPID

MCC Code: _____ Date: ☐☐ / ☐☐ / ☐☐☐☐

DBS Account Number to be linked	
Preferred Virtual Payment Address (VPA)* **VPA allotment will be at the discretion of the bank and subject to availability*	(1) @dbs (2) @dbs
Please tick required functionality	☐ Outward Payment (OUPI) ☐ Inward Credit (IUPI) ☐ Initiate Collect (PUPI)

DBS UNIFIED PAYMENT INTERFACE (UPI) - DBS MAX

DBS Account Number to be linked	
Preferred Virtual Payment Address (VPA)* **VPA allotment will be at the discretion of the bank and subject to availability*	(1) @dbs (2) @dbs

User Setup: (USER ID's Should Be Existing IDEAL 3.0 Users Only, for new users, Kindly check with your RM/implementation mgr)

Sr. No.	IDEAL 3.0 User ID	Merchant Portal Maker	Merchant Portal Checker
1.			
2.			
3.			
4.			

Contact Person:

Name: _____

Address: _____

_____

Email: _____ Mobile: - _____

Additional Comments: _____

Nature of Business/Services _____

AUTHORISATION			
Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

For Office use only

(To be filled by Branch/RM)

MCC Code: _____	RM/Branch Manager: _____ Seal & Signature	RM/Branch Manager Employee ID: _____

NACH DEBITS

Date: ☐☐ / ☐☐ / ☐☐☐☐

☐ Client / Customer / UCIC Code	
Credit Account Number	
Credit Type *(Tick any one)*	☐ File Level ☐ Transaction Level
Return Mandates to be handed at:	
Account Narration	☐ ACH/Refno/Mandate Refno/
	☐ ACH/

Customer Category Code

☐ **A001 -** E-Mandate through internet API	☐ **F001 -** Subscription Fees	☐ **L002 -** Security	☐ **U003 -** Utility Billy Payment Gas Supply Cos
☐ **B001 -** Bill Payment Credit Card	☐ **I001 -** Insurance Premium	☐ **M001 -** Mutual Fund Payment	☐ **U005 -** Utility Bill Payment mobile telephone broadband
☐ **C001 -** B2B Corporate	☐ **I002 -** Insurance other Payment	☐ **S001 -** Small Value Mandate	☐ **U006 -** Utility Bill Payment water
☐ **D001 -** Destination bank raised mandate	☐ **L001 -** EMI Loan Repayment	☐ **T001 -** Tax Payment	☐ **U099 -** Others
☐ **E001 -** Education Fees	☐ **L001 -** Loan Amount Security	☐ **U001 -** Utility Bill Payment Electricity	

MIS Requirement

Report	Daily	Weekly	Monthly	Quarterly	Half Yearly	Yearly
NACH Debit (DDA) Mandate Status Report	☐	☐	☐	☐	☐	☐
NACH / Direct Debit Transaction Report	☐	☐	☐	☐	☐	☐
Charge Statement Report	☐	☐	☐	☐	☐	☐
Transaction Level Charge Report	☐	☐	☐	☐	☐	☐
Charge Advice Report	☐	☐	☐	☐	☐	☐

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

Note: For format of User Registration with Sponsor Bank refer next page of the document.

Customer's Letter Head

DBS Live more, Bank less

REGISTRATION FOR USER WITH SPONSOR BANK

Application for affiliation with sponsor bank for APBS / NACH facilities. Date: ☐☐ / ☐☐ / ☐☐☐☐

We, _____ (Name of the department/ corporate), _____ (Name of state) with Registered office/Head office at _____ GSTN: _____ PAN: _____ /TAN: _____ have agreed to participate in APBS/NACH services of National payment Corporate of India (NPCI), with registered office at The capital, 1001A, B Wing, 10th Floor, Bandra Kurla Complex, Bandra East, Mumbai - 400051 through our Sponsor Bank _____ (Name of Sponsor Bank) and for that purpose, we provice following details to NPCI.

1. Name of the scheme/product in DBT or Non - DBT.

Category	Scheme Type (Tick Appropriate)	Scheme Code allotted by DBT Mission (5 digit)	Scheme Name/ Category Name
DBT	☐ Central scheme		
	☐ Central Sponsored scheme		
	☐ State scheme		
	☐ District scheme		
	☐ Centrally sponsored scheme generated by state/UT		
Non - DBT		NA	

2. Types of transactions sought to be put through NPCI while availing APBS/NACH services.

Sr. No.	Type of Transaction	Frequency	Approximate Volume. (Nos)

3. Complaints from beneficiaries, if any, relating to transactions process through APBS/NACH will be pursued by us with respective banks/branches in co-ordination with sponsor bank.
4. We would ensure necessary funding of our accounts with our sponsor banks to ensure seamless flow of APBS/NACH transactions.
5. We will ensure that the NRE/NRI accounts of beneficiaries, if any, will be included in the Input data only after ensuring that such funds are eligible to be credited to NRE/NRI account in India under the existing FEMA Act and regulations thereunder, as also under the Wire Transfer Guidelines.

Tick as Appropriate	Existing User Code	User Code Number required OR N.A. for New User
	YES	
	NO	

Authorised Signatory for Corporate with company Seal	Authorised Signatory for Sponsor Bank with with company Seal
Signature	Signature
Name:	Name:
Designation:	Designation:
Date: ☐☐ / ☐☐ / ☐☐☐☐	Date: ☐☐ / ☐☐ / ☐☐☐☐

CHEQUE COLLECTIONS

Date: ☐☐ / ☐☐ / ☐☐☐☐

☐ Client / Customer / UCIC Code	
Credit Account Number	
Credit Type *(Tick any one)*	☐ Instrument Level ☐ Deposit Level ☐ Pick-up Location Level ☐ Clearing Location Level
Return Mandates to be handed at (Not applicable for Doorstep Banking) select any one	☐ Pick-up Location ☐ Central Registered Office
Account Narration *(Select any One)*	☐ CMS / Cheque number / Deposit Slip / Location ☐ CMS / Location / Deposit Slip / Cheque number ☐ CMS

Customer Category Code

☐ A001 - E-Mandate through internet API	☐ F001 - Subscription Fees	☐ L002 - Security	☐ U003 - Utility Billy Payment Gas Supply Cos
☐ B001 - Bill Payment Credit Card	☐ I001 - Insurance Premium	☐ M001 - Mutual Fund Payment	☐ U005 - Utility Bill Payment mobile telephone broadband
☐ C001 - B2B Corporate	☐ I002 - Insurance other Payment	☐ S001 - Small Value Mandate	☐ U006 - Utility Bill Payment water
☐ D001 - Destination bank raised mandate	☐ L001 - EMI Loan Repayment	☐ T001 - Tax Payment	☐ U099 - Others
☐ E001 - Education Fees	☐ L001 - Loan Amount Security	☐ U001 - Utility Bill Payment Electricity	

Cheque Collections MIS Requirement

Report	Daily	Weekly	Monthly	Quarterly	Half Yearly	Yearly
Client Account Statement Report	☐	☐	☐	☐	☐	☐
Customer Throughput Details Report	☐	☐	☐	☐	☐	☐
Cheque Return Detailed Report	☐	☐	☐	☐	☐	☐
Bounced / Paid Instrument Report	☐	☐	☐	☐	☐	☐
Instruments Pending for Liquidation Report	☐	☐	☐	☐	☐	☐
Collections Enrichment Report	☐	☐	☐	☐	☐	☐
PDCs Withdrawal Report	☐	☐	☐	☐	☐	☐
Charge Statement Report	☐	☐	☐	☐	☐	☐
Transaction Level Charge Report	☐	☐	☐	☐	☐	☐
Charge Advice Report	☐	☐	☐	☐	☐	☐

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

CASH PICKUP AND DELIVERY

Date: ☐☐ / ☐☐ / ☐☐☐☐

☐ Client / Customer / UCIC Code		
Credit Account Number		
Credit Type *(Tick any one)*	☐ Consolidated	☐ Pick-up Location Level
Pickup Required (Yes / No) *(If YES then fill the Pickup Location Details)*	☐ Yes	☐ No
Account Narration	☐ CMS / CASH/ Deposite slip Number / Location	

Customer Category Code

☐ A001 - E-Mandate through internet API	☐ F001 - Subscription Fees	☐ L002 - Security	☐ U003 - Utility Billy Payment Gas Supply Cos
☐ B001 - Bill Payment Credit Card	☐ I001 - Insurance Premium	☐ M001 - Mutual Fund Payment	☐ U005 - Utility Bill Payment mobile telephone broadband
☐ C001 - B2B Corporate	☐ I002 - Insurance other Payment	☐ S001 - Small Value Mandate	☐ U006 - Utility Bill Payment water
☐ D001 - Destination bank raised mandate	☐ L001 - EMI Loan Repayment	☐ T001 - Tax Payment	☐ U099 - Others
☐ E001 - Education Fees	☐ L001 - Loan Amount Security	☐ U001 - Utility Bill Payment Electricity	

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

DBS Live more, Bank less

Pickup Location Details (applicable for Cheques, Cash Pickup, Cash Delivery and NACH Debit Mandates)				
Location Name	Contact Person	Address	Telephones & Fax	Email ID

AUTHORISATION			
Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

DBS ENRICHED CONSOLIDATED RECEIVABLES (ENCORE) APPLICATION / MAINTENANCE FORM

Date: ☐☐ / ☐☐ / ☐☐☐☐

For Bank's use Only

Please read the instructions Guide before filling up the form:

- For standard ENCORE setup, please complete Section A, B and C only.
- If any customization is required, please tick the required scope below, complete Section A, B and C, as well as provide details of customization under Section D.

☐ Payment advice data capture ☐ Customized output ☐ 3rd party input source

Section - A Organisation Profile

Customer Name:

IDEAL ORG ID

IDEAL Connect ID:

Report to be Maintained in IDEAL ☒ YES (Customer Reports)

Section B – Standard Configurations for Collection Files *(Fill in the fields as appropriate)*

Action	Template Name	Frequency	Account No(s) (Please include hyphens)	Products

Section C

AGREEMENT

1. I/We hereby declare and warrant that the information given in this form is complete, true and accurate in all respects and no material fact has been withheld from DBS Bank India Limited ("DBS"). If any of the information given herein changes or becomes inaccurate in any way, I/We shall immediately notify DBS in writing of any such change and/or inaccuracy.

2. I/We hereby agree to be bound by the General Banking Terms and Conditions ("GBTC") encompassing the "Common Terms", "Jurisdiction Schedules", relevant "Service Schedules" and/or any other forms/documents relevant and/or applicable to us. I/We agree that these "General Banking Terms and Conditions" shall supersede all the previous terms and conditions agreed by us or applicable to us including but not limited to "Terms and Conditions Governing Accounts", DBS Electronic Banking Service Terms and Conditions and/or any other relevant product/services specific terms and conditions. I/We have read the General Banking Terms and Conditions, available at www.dbs.com/in and agree to be governed by them.

3. I/We have received, read and agree to GBTC and that the provision and usage of DBS Enriched Consolidated Receivables (ENCORE) Reports through IDEAL 3.0 or IDEAL Connect will be subject to the Terms of GBTC.

4. I/We confirm that I/we are duly authorised by the organisation to agree and accept the ENCORE Terms included in the GBTC and to sign and deliver this form to DBS on its behalf.

ACCEPTANCE

Note: Authorized signatories will be required for every account included and according to the highest account mandate.

Account No(s) *(Please include hyphens)* _____ _____ Signature Date ☐☐ / ☐☐ / ☐☐☐☐	Account No(s) *(Please include hyphens)* _____ _____ Signature Date ☐☐ / ☐☐ / ☐☐☐☐

To be completed by the Bank

One time Set up Fees:	One time Set up Fees:
Relationship Manager Name:	Relationship Manager Name:

Section D – Customization Requirements

Contact details of Customer's Technical Team

Details	Primary Contact	Secondary Contact
Name Designation Office No. Mobile No.		

For Payment Advice Data Capture

Please provide details of (i) workflow to route payment advices to DBS; (ii) a full month's worth of payment advice samples for analysis; (iii) invoice patterns; (iv) specific requirements on data to be extracted, if any.

For Customized Output

Please provide details of file customization requirements.

For 3rd party input sources

Please provide details of (i) file format; (ii) file specs and (iii) data to be extracted from file.

To be completed by the Bank

This customization is supported by:

- Name of Country GTS Receivables Product Manager
- Name of Regional GTS Receivables Product Manager
- Name of Implementation Manager

This customization is processed by IBGT Team:	Created by	Checked by

DBS IDEAL™ Connect (H2H) | IDEAL RAPID™ (API) Swift (FIN / FileACT)

Date: ☐☐ / ☐☐ / ☐☐☐☐

TYPE OF PLATFORM

☐ IDEAL™ Connect ☐ SWIFTNET FileAct ☐ SWIFTNET FIN ☐ IDEAL Rapid

☐ New Application ☐ Update ☐ Termination

Notes:
- *IDEALTM Connect: Secure Host to Host gateway for comprehensive banking services (Transaction initiation & Reporting) integrated with your business systems*
- *SWIFTNet FileAct: Enables transfer of Files via Swift Network to your Corporate BIC integrated with your business systems. Used for file based bulk data exchange for transaction instructions/ statement reporting.*
- *SWIFTNet FIN: Enables exchange of massaged formatted with traditional Swift Standards via SWIFT Network to your Reporting Bank BIC/ Corporate BIC.*
- *IDEAL Rapid: Online Messaging Gateway for API based transaction initiation & reporting*

IDEAL Connect / SWIFTNet FileAct PRODUCTS

DBS Account Number	Transactions				Reports		Others
	NEFT, RTGS, ACT	OTT	Prime BCH/CCH	NACH	MT940	MT942	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

MT940 (required when MT940 is selected):

Frequency ☐ Daily ☐ Monthly

MT942 (required when MT942 is selected):

Frequency ☐ 1 Hour ☐ 2 Hour ☐ 3 Hour ☐ 4 Hour

Reporting Time ☐ 8 AM to 8 PM ☐ 24 Hours a day

Tag 25: Account Identification Format (required when MT940/MT942 is selected) (Default option Only Account Number (Without Hyphen))

☐ Only Account Number (Without Hyphen) ☐ Only Account Number (with Hyphen) ☐ DBS Country BIC + "/" + Account Number (without Hyphen)

☐ DBS Country BIC + "/" + Account Number (with Hyphen)

☐ DBS Country BIC + "/" + Account Number (without Hyphen) + "/" + Account name(=< 35 in length , truncate name if exceed)

☐ DBS Country BIC + "/" + Account Number (with Hyphen) + "/" + Account name(=< 35 in length , truncate name if exceed)

☐ Account Number (without Hyphen) + "/" + Account name (=< 35 in length, truncate name if exceed)

Transaction File Format:

☐ DBS UFF ☐ ISO 20022 XML Pain001

Additional Information:

Approval Requirements:

☐ Transaction Requires Approval
(Transaction initiation only as the same will be routed to DBS IDEAL for approval by authorizers as per approval matrix)

☐ Transactions to be treated as Pre-approved
(DBS to act on instructions received on this channel. No further approvals required from Co. Authorizers)

Products Legend:

- ACT – Account Transfer
- TT – Telegraphic Transfer
- BCH – Cheque Express vvV
- MT940 – Daily Statement Report
- MT942 – Interim Transaction Report
- CCH – Corporate Cheque

SWIFTNet (FIN) PRODUCTS

DBS Account Number	MT940	MT942	MT 900	MT 910	Others
	☐	☐	☐	☐	
	☐	☐	☐	☐	

MT940 (required when MT940 is selected):

Frequency ☐ Daily ☐ Monthly

MT942 (required when MT942 is selected):

Frequency ☐ 1 Hour ☐ 2 Hour ☐ 3 Hour ☐ 4 Hour

Reporting Time ☐ 8 AM to 8 PM ☐ 24 Hours a day

SWIFTNet FIN Products Legend:

☐ MT101 – Single Customer Credit Transfer (Corporate) ☐ MT 900 – Confirmation of Debit ☐ MT 940 – Statement Messaget

☐ MT101 – Single Customer Credit Transfer (Corporate) ☐ MT910 – Confirmation of Creditt ☐ MT942 – Interim Transaction Report

DEBIT ACCOUNT NO (For one-time setup fee / annual maintenance fee)	
	Notes: If the designated account has insufficient funds or is closed, we will collect our charges from your other current account maintained with us

TECHNICAL DETAILS (For IDEAL™ Connect only) *Mandatory Field				
Connectivity*	☐ Internet (TCP/IP)	☐ Leased Line	☐ ISDN Line	☐ ISDN No.:
Internet Protocol (IP) Address*/Port	Production:		UAT:	
File Transfer Protocol	☐ SFTP	☐ Connect: Direct	☐ Others	
File Transfer Approach	Files from Customer to DBS	☐ Customer Push	☐ DBS Pull	
	Files from DBS to Customer	☐ Customer Pull	☐ DBS Push	
File Encryption Protocol	☐ DBS Proprietary Encryption Tool (ICE - IDEAL Connect)	☐ PGP	☐ SLIFT	☐ Others

TECHNICAL DETAILS (For SWIFTNet FileAct Only) *Mandatory Field				
File Encryption Protocol	☐ DBS Proprietary Encryption Tool (ICE - IDEAL Connect)	☐ PGP	☐ SLIFT	☐ Others

Production Environment	DBS Bank India Limited	Customer
SWIFT BIC	DBSSSGSG	
Service Name		
Service Type		
Customer / Bank DN		

Customer / Bank DN	DBS Bank India Limited	Customer
SWIFT BIC		
Service Name		
Service Type		
Customer / Bank DN		

TECHNICAL DETAILS (For SWIFTNet FIN Only) *Mandatory Field		
Parameters	DBS Bank India Limited	Customer
SWIFT Address (Live BIC)	DBSSSGSG	
SWIFT Address (Test BIC)		

TECHNICAL DETAILS (For IDEAL™ Rapid)

Internet Protocol (IP) Address*/ Port	Production:	UAT:
Message Encryption Protocol	☐ PGP ☐ Message Encryption Type	☐ Centralized ☐ Decentralized
Internet Protocol (IP) Address / Port	Encryption Public Key:	Digital Signature Public Key:
Online Message	Protocol: ☐ HTTPS ☐ Others _____	Peak transactions / sec : Peak transactions / min : Peak transactions / hour : Total monthly transactions :

Account Type (CA / FCCA)	DBS Bank Account No. (as per Above)	Transactional							Reporting				Others		
		ACT	TT	NEFT	RTGS	SVA	UPI Pay	UPI Col	TSE	ABE	IUPI	AARE	FX Book	FX RFQ	ICC
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Message Format: ☒ JSON	Additional Information:

☐ By availing IDEAL Rapid services, I understand and agree that all transactions initiated via IDEAL Rapid channel will be processed straight through in DBS Bank India Limited systems without any additional approval from the undersigned company.

Products Legend:

ACT - Account Transfers
TT - Telegraphic Transfer
NEFT - NEFT Payment
RTGS - RTGS Payment
SVA - Static Virtual Account UPI Pay - UPI Payment
UPI Col - UPI Collection
TSE - Transaction Status Enquiry
AARE - Account Activities Range Enquiry
ABE - Account Balance Enquiry
IUPI - Inward UPI Confirmation
FX Book - FX Contract Booking
FX RFQ - FX Rates Enquiry
ICC - Inward Credit Confirmation

**For UPI, please provide additional details as per Annexure 5 of Master Set up form1. .*

AGREEMENT

IMPORTANT (PLEASE READ BEFORE SIGNING);

1. I/We hereby declare and warrant that the information given in this form is complete, true and accurate in all respects and no material fact has been withheld from DBS. If any of the information given herein changes or becomes inaccurate in any way, I/We shall immediately notify DBS in writing of any such change and/or inaccuracy.
2. I/We accept and agree to the Bank's prevailing General Banking Terms and Conditions comprising the "Common Terms", "Jurisdiction Schedules", relevant "Service Schedules" and Fee Schedule, and the Terms & Conditions governing the other respective services ("GBTC") applicable to us and as each may be amended, supplemented, substituted and/or replaced by the bank from time to time)linked to these account(s) (collectively, the "Terms"), copies of which are available at www.dbs.com/in and from any branch of the bank.
3. The GBTC shall supersede all the previous terms and conditions agreed by us or applicable to us for all the products or services availed by us from you including but not limited to "Terms and Conditions Governing Accounts", DBS Electronic Banking Service Terms and Conditions and/or any other relevant product/services specific terms and conditions. The provision and usage of IDEAL Connect, Swift File ACT, Swift FIN will be subject to the GBTC.
4. In addition, and without prejudice to the GBTC. I/We also authorise and give DBS consent to obtain and verify and/or to disclose or release any and all information whatsoever relating to me/us from or to any other party as DBS may from time to time deem fit at its own discretion and without any liability or notice to me/us in connection with the implementation or delivery of the IDEAL Connect application/service for me/us.
5. Applicable to software provided by DBS:
   - I/We shall be solely responsible for (a) ensuring that at all times my/our client environment and any machine or device that such software is or will be installed be secured and shall meet the minimum internet security standards as DBS may notify me/us from time to time; and/or
   - (b) to take all steps and actions necessary, required or recommended by DBS (and to bear all costs and expenses incurred thereby) if DBS is of the opinion that such minimum internet security standard is not met.
   - I/We further acknowledge and agree that any software provided by DBS, which may originate from DBS or may be licensed from a third-party vendor, is provided on an "as is" basis, and that DBS will not require to provide any software support and/or maintenance.
6. By availing IDEAL Rapid services, I understand and agree that all transactions initiated via IDEAL Rapid channel will be processed straight through in DBS systems without any additional approval from the undersigned company.

AUTHORISED SIGNATORIES AND STAMP *Mandatory Field

Name of Authoriser*:	Name of Authoriser*:
Signature*:	Signature*:
Date: ☐☐ / ☐☐ / ☐☐☐☐	Date: ☐☐ / ☐☐ / ☐☐☐☐

For a company which has furnished DBS with a standalone "Board Resolution for using Digital Channels" for using Digital Channels, the authorized signatories must be the current authorized signatories specified in that document. For a company which has furnished DBS with a Board Resolution for the opening of the current account that covers Digital channels Banking services, the authorized signatories must be the current authorized signatories with the highest authorization limit as specified in that document. For partnership, the signatures of all partners are required.

To be provided on Customers Letter head

Date: ☐☐ / ☐☐ / ☐☐☐☐

IDEAL CONNECT ENCRYPTION AUTHORIZATION LETTER

To,

DBS Bank India Limited

Cash Management – Implementation Team,
Express Towers,
Ground Floor, Nariman Point,
Mumbai – 400021, India

Dear Sir,

Please find enclosed herewith the IDEAL CONNECT Key Pair to be used for the Organization ID _____

IDEAL CONNECT Keys

Date of generation:

Key Pair File Name:

We have secured the generation of public keys and the password has been maintained and retained securely only with group our internal Admin Team.

Kindly enable encryption for file uploads on your internet banking website Ideal™ at the earliest.

AUTHORISATION	
Authorised Signatory 1	Authorised Signatory 2
Authorised Signatories	Authorised Signatories
Name	Name

Company Name & Company Stamp

Date: ☐☐ / ☐☐ / ☐☐☐☐

DBS IDEAL™
eREPORTS FORM - REFERENCE
(FOR CUSTOMER'S RETENTION)

DBS Live more, Bank less

Please complete this form in BLOCK LETTERS.
*Mandatory Fields

Tick where applicable ☑

1 USER(S) SETUP

Note: To add more instructions, **click here** for additional pages.

Account No.* ☐ Add ☐ Delete	Account No.* ☐ Add ☐ Delete
Account No.* ☐ Add ☐ Delete	Account No.* ☐ Add ☐ Delete
☐ Add User ☐ Update User ☐ Unsubscribe User	☐ Add User ☐ Update User ☐ Unsubscribe User
☑ Contact Person	☑ Contact Person
Name Email Address* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via email Mobile No.* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via SMS	Name Email Address* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via email Mobile No.* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via SMS
Note: Reporting threshold amount will be as per the currency of the designated account. If there is no threshold amount specified, notification will be sent for all amounts Notification Schedule ☐ Transaction ☐ Payment Listing Threshold Amount (INR) Above For ☐ Inward Transfer ☐ Inward Transfer (VA) ☐ Inward Transfer (non VA) ☐ Outward Transfer ☐ MT103 for outward Telegraphic Transfer	Note: Reporting threshold amount will be as per the currency of the designated account. If there is no threshold amount specified, notification will be sent for all amounts Notification Schedule ☐ Transaction ☐ Payment Listing Threshold Amount (INR) Above For ☐ Inward Transfer ☐ Inward Transfer (VA) ☐ Inward Transfer (non VA) ☐ Outward Transfer ☐ MT103 for outward Telegraphic Transfer

By signing on this form, I/We hereby confirm that I have read, understood and accepted General Banking Terms and Conditions which are available on the Bank's website www.dbs.com/in.

Authorised Signatories Required

Name: Date: ☐☐ / ☐☐ / ☐☐☐☐ Signature:	Name: Date: ☐☐ / ☐☐ / ☐☐☐☐ Signature:	Company Stamp:

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*Mandatory Fields

Tick where applicable ☑

2 ADDITIONAL USER(S) SETUP

Note: To add more instructions, **click here** for additional pages.

Account No.* ☐ Add ☐ Delete	Account No.* ☐ Add ☐ Delete
Account No.* ☐ Add ☐ Delete	Account No.* ☐ Add ☐ Delete

☐ Add User ☐ Update User ☐ Unsubscribe User	☐ Add User ☐ Update User ☐ Unsubscribe User
Name Email Address* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via email Mobile No.* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via SMS	Name Email Address* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via email Mobile No.* Note: You may be contacted by the bank for administrative purposes. ☐ Receive notifications via SMS
Note: Reporting threshold amount will be as per the currency of the designated account. If there is no threshold amount specified, notification will be sent for all amounts Notification Schedule ☐ Transaction ☐ Payment Listing Threshold Amount (INR) Above For ☐ Inward Transfer ☐ Inward Transfer (VA) ☐ Inward Transfer (non VA) ☐ Outward Transfer ☐ MT103 for outward Telegraphic Transfer	Note: Reporting threshold amount will be as per the currency of the designated account. If there is no threshold amount specified, notification will be sent for all amounts Notification Schedule ☐ Transaction ☐ Payment Listing Threshold Amount (INR) Above For ☐ Inward Transfer ☐ Inward Transfer (VA) ☐ Inward Transfer (non VA) ☐ Outward Transfer ☐ MT103 for outward Telegraphic Transfer

By signing on this form, I/We hereby confirm that I have read, understood and accepted General Banking Terms and Conditions which are available on the Bank's website www.dbs.com/in.

Authorised Signatories Required

Name: Date: ☐☐ / ☐☐ / ☐☐☐☐ Signature:	Name: Date: ☐☐ / ☐☐ / ☐☐☐☐ Signature:	Company Stamp:

FOR BANK USE ONLY

RM/GTS:

DBS LIQUIDITY MANAGEMENT SERVICES SETUP FORM

Date: ☐☐ / ☐☐ / ☐☐☐☐

Customer Details

Master Account Number:

This Request

Type of Request: Choose one ☐ (please use a seprate form for a different request):

☐ New setup ☐ Add sub account ☐ Delete sub account ☐ Setup maintenance

(Please use seprate form for each request)

Effective Date of Change: ☐☐ / ☐☐ / ☐☐☐☐ (if blank, valid till 31/12/2099 or written instructions from customer, whichever is earlier)

Liquidity Management Account Structure

☐ Header Fund ☐ Net Group Position

Please complete the list below: Each sub account can have a different Target Balance and Arrangement. Arrangement Tyes:

A. **1-Way Sweep up for Funds from Sub Account to Master Account**
(Funds will be swept from the Sub Account to Master Account but not vice versa)

B. **1-Way Sweep Down of Funds from Master Account to Sub Accounts**
(Funds will be swept from the Master Account to the Sub Accounts but not vice versa)

C. **Target Balance Arrangement**
(2-Way Sweep of Funds From/To the Master Account, resulting in Sub Accounts having the Target Balance at the specified Frequency. For Zero Balance Accounts, Target Balance = 0)

Account Type	Account Name	Account No. (please indicate account to be added or deleted)	Credit Utilisation (Y/N)	Target Balance	Transfer Limit	Arrangement Type (Please Indicate either A, B, or C)	Frequency (Please specify Daily /Weekly/Fortnightly/ Monthly (Date)
Master A/c							
Sub A/ c							
Sub A/ c							
Sub A/ c							
Sub A/ c							
Sub A/ c							
Sub A/ c							

(Please furnish a separate form to add more sub accounts)
I/we acknowledge that the Bank will undertake the transactions mentioned above subject to the availability of funds in the Master Account/ Sub-Account or Credit limit.

AUTHORISATION

Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

PRIME SETUP FORM

Date: ☐☐ / ☐☐ / ☐☐☐☐

To,

Branch Operations / Accounts Set up Team

Request you to please set-up the customer for the below products on Prime.

Customer Name: _____

_____

_____

Account Number: _____

Products to be Set-up: ☐ Corporate Chequest - CCH ☐ Demand Drafts - BCH

AUTHORISATION			
Authorised Signatory 1		Authorised Signatory 2	
Authorised Signatories		Authorised Signatories	
Name		Name	

eTAX CUSTOMER ONBOARDING FORM

Date: ☐☐ / ☐☐ / ☐☐☐☐

PAN Number:

TAN Number:

IMPORT EXPORT CODE:

Email Indemnity:

Assessee Code Number
Service Tax Number

Excise Tax Number:

INR Denomiated Current Account Number(s) - Maximum 5 Accounts

_____ _____ _____

_____ _____

Authorised Signatory 1	Authorised Signatory 2	Authorised Signatory 3

Note: The address captured in this form will be reflected in all Tax Payment Acknowledgment Challans. For any other address change requests submitted to DBS, customer to inform for such change in address specifically for Tax Payments by way of written communication. For Multiple TAN & Assessee Code registrations please submit dully filled separate forms. Fill all applicable details in the Form.

Cash Collection – Process Guidelines

1. You (or persons authorised by you) shall contact DBS for the pickup of cash and ascertain about the services, if any.
2. DBS will provide a photocopy of identity cards of the staff of the cash pick-up agency who/which will be carrying out the process of cash collection from you before commencing the pick-up services.

Process: Cash Pickup

a. The cash pickup facility may be availed on a "daily pickup" basis or "on request" basis. In case of pickup on an "on request basis" you may send the request to the cash pick-up agency for on the previous evening or morning of such day through fax or phone, as per the agreed time containing the following details: Date of pick-up; name; account number; telephone number; amount and denominations.
b. You should make the cash pick-up request during the prescribed time for the same to be accepted as follows:

c. Weekdays (Monday to Friday) Request Time: Upto 11:30 hours

d. Saturdays Request Time: Upto 10:30 hours

e. No cash pick-up facility will be available on Sundays and public holidays. The cash pick-up agency shall confirm the pick-up service and give a four-digit code to you by fax/phone.
f. You should fill in the deposit slip details, sign it (by an authorised signatory), and keep the same ready by the time of arrival of cash pick-up agency personnel.
g. You should use the special deposit slips as provided by DBS for deposit of cash through the cash pick-up services of DBS. These slips help us to provide the MIS to you.
h. For cash deposits, you shall keep the entire cash sorted denomination-wise duly counted in packets of 100 currency notes, packed with white slips. The white slip should be duly stamped, signed, and the date of deposit would be set out on the slip. The number of notes and the total amount in such packets shall be mentioned on the white slips. You shall separately pack loose cash with white slips, stamp, signature and date. The number of notes, the kind of denominations and the total amount in such packets shall be mentioned on the white slips.
i. You will be issued a scratch card booklet by the service provider at the beginning of every month. The secret code in the scratch card is linked to the date of the pickup. The other copy of the booklet will be with the service provider. The service provider staff responsible for the cash pickup will be handed over a single sheet each day. In case of 'On-call' pickup, cash pickup agency acknowledgement slip will be used. If you have fixed frequency for on call pick-up, then scratch card booklet will be used.
j. You, will compare the code provided by the staff with the code obtained from your copy of the scratch card booklet and proceed with the transaction only in case the codes match, and hand over the cash along with the signed deposit slips to the service provider's staff.
k. The cash pick-up agency's person shall count the number of packets (of 100 currency notes each) of each denomination and the loose currency.
l. After counting as above, the cash pick-up agency's person will sign and stamp the deposit slips (carbonized) duly filled in by you, and give the first copy of the same to your local office as an acknowledgement, subject to return based on shortages, counterfeit or torn notes found subsequently.
m. Normal window for cash pick-up is approximately 10 minutes per location. If, however, the cash pick-up agency is made to wait beyond 10 minutes in a location, then you will be charged such additional amounts for the delay as DBS may deem fit.
n. The service provider will bring the cash (in sealed bags) to their processing hub where the counting and processing of cash will take place. In case of shortage in any bundle, the entire bundle will be returned by the service provider to the customer on the same/next working day. The service provider will amend and sign on the deposit slip accordingly. DBS will not be responsible for any loss to you on account of the above
o. Any mutilated notes or notes detected counterfeit by the Service provider when processing the cash will be notified to you as soon as practicable. Counterfeit notes detected shall be retained and dealt as per the existing regulatory/statutory and DBS' internal guidelines on handling of counterfeit notes. DBS will provide credit to the customers taking into account the discrepancy reported by the service provider (DBS will be authorised to debit Customer's account for the apparent value represented by the note/s).

Cash Delivery – Process Guidelines

1. You (or persons authorised by you) shall contact DBS for the delivery of cash and ascertain about the services, if any.
2. DBS will provide a photocopy of identity cards of the staff of the cash pick-up agency who/which will be carrying out the process of cash collection from you before commencing the pick-up services.

Process: Cash Delivery

a. You will fax a copy of the signed cheque along with the cash delivery request letter with the cheque number and amount to the designated coordinating bank branch.
b. If cash is to be delivered to any person other than the authorised signatory, a copy of the authority letter should also be faxed/ scanned. You should also call up the designated coordinating bank branch to confirm the receipt of the fax.
c. The prescribed time to accept a cash delivery request from you on working days (Monday to Saturday) is: by 5:00 pm, one working day prior to the delivery date.
d. You should ensure the following before making the request:
   - The cheque should be drawn as a self-drawn cheque;
   - The amount entered in figures and words should be same;
   - Full signature of the cheque signing authority should be present wherever cancellations or corrections appear on the cheque;
   - Cheque number and the Account number on the cheque and the debit note given should be same
   - The cheque should be current dated (any post-dated or stale cheque will not be honored)
e. You shall keep the self-drawn cheque ready before the arrival of the cash delivery agent. The cheque shall be signed by you or any person authorised to sign the cheques on your behalf (who is empowered to operate your account and also has the requisite signing authority). The account payee crossing (if any) should be properly struck out with full signature of the cheque signing authority next to it.
f. You will not be allowed to change the delivery amount on the date of delivery; in case you need to cancel the delivery, you will have to fax to the designated coordinating bank branch latest by 9 a.m. on the date of delivery.
g. The designated coordinating bank branch will then inform the cash delivery agency.
h. The designated coordinating bank branch will debit your account and credit the account of the cash delivery agency at the respective location.
i. The cash delivery agency will deliver the cash against receipt of the original cheque from you.
j. If all the documents mentioned are verified and are in order, the cash delivery agent will hand over the cash to the authorized person against the cheque.
k. The authorised person shall count the cash delivered by the service provider and on confirmation on the correct amount, acknowledge receipt of the cash by writing on the reverse of the cheque "RECEIVED" and shall also mention the denomination and the number of the currency notes along with his/her signature.
l. DBS will not be responsible for any shortage in the delivery, once the cash delivery agency has received due acknowledgement as above.

Enriched Consolidated Receivables (ENCORE)

DBS Enriched Consolidated Receivables (ENCORE) Application / Maintenance Form Instructions Guide

For Standard ENCORE set up

1. Complete Section A, B and C only.
2. Submit ENCORE application/ maintenance form to IBG Ops Channel R&M at IBG-eChannelOps@dbs.com
3. If customer has selected IDEAL ORG ID under Section A, please get customer to submit the IDEAL application form to enable ENCORE Collection Files under Custom Reports
4. If customer has selected IDEAL Connect ID unser Section A, please engage IDEAL Connect Team for the set up

For Customization Request

1. Please engage country GTS Receivables Product Manager to assess feasibility of customization requirements before you start. The request will also need to be supported by the Regional GTS Receivables Product Manager.
2. Complete Sections A, B, C and D. Details of customization requests should be provided accordingly under Section D.
3. Submit ENCORE application/ maintenance form to Regional GTS Receivables Product Manager who will raise the User Request to Regional IBG Tech team for backend configuration.
4. Once Regional IBG Tech team confirms that customization set up has been completed, submit form to IBG Ops Channel R&M at ChannelReg&Maint@dbs.com
5. If customer has selected IDEAL ORG ID under Section A, please get customer to submit the IDEAL application form to eable ENCORE Collection Files under Custom Reports
6. If customer has selected IDEAL Connect ID under Section A, please engage IDEAL Connect Team for the set up

Important things to note

Section A

- Either IDEAL ORG ID or IDEAL Connect ID must be filled. This will be the delivery channel for the ENCORE Report
- If both IDEAL ORG ID and IDEAL Connect ID are filled up, customer will receive ENCORE Report via both channels

Section B

The following customization options can be selected:

- Payment advice data capture - this refers to the automated extraction of invoice information from payment advice using OCR - based technology.
- Customized Output - this refers to the customization of ENCORE Collection files
- 3rd party input source - this refers to the mapping of external input files into the ENCORE database

Please indicate the necessary Action required:

- Add - When creating a new template
- Edit - When making changes to an existing template
- Delete - When deleting an existing template

For Template Name, the standard templates available are:

- DTL_RECEIVABLES.csv
- DTL_RECEIVALES.xis
- PMT_ADV_EXCEPTION.csv
- PMT_ADV_EXCEPTION.xis

For customized templates, this will be provided after backend configuration by IBGT.

- Under Frequency, options available are;
- Intraday (Please indicate interval of 30/ 60 /120 mins)
- Daily
- Weekly (Please indicate day)
- Monthly

Important things to note

Under Products, options available are:

- DBS ACCOUNT TRF RECVD – ACT
- RTGS RECEIVED – Inward RTGS
- INWARD REMITTANCE – Incoming TT
- NEFT RECEIVED – Inward NEFT
- MOBILE COLLECTION – Inward IMPS
- ACH CREDIT RECVD – NACH Debits
- CREDIT TRANSFER – UPI – UPI Collect
- CHECK DEPOSIT – Non-CMS Cheque Deposits
- CMS CHEQUE COLLECTION – CMS Cheque Deposits
- CREDIT TRANSFER – All other types of Credits including Cash

If customer request for all products, you can also indicate ALL.

Section C

Authorized signatories will be required for every account included and according to the highest account mandate.

Section D

Please provide the necessary customization requirements according to the selection under Section B.

DBS IDEALTM
eREPORTS FORM - REFERENCE
(FOR CUSTOMER'S RETENTION)

Use this eReports Form if you:

Existing DBS Corporate Customer	Wish to sign up for IDEAL™ eReports
Existing IDEALTM eReports Customer	Wish to amend your User Details or Delivery Schedule

A SIGNUP PROCESS

1

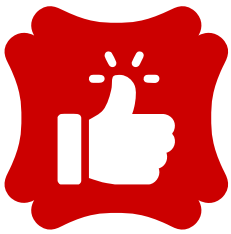
Complete this form with relevant details

2

Mail the completed forms to

DBS Bank India Limited
Express Towers, Ground Floor,
Nariman Point, Mumbai - 400021,
India

OR submit to any DBS Branch



3

Receive acknowledgement email that informs you that your application has been successful (after 3 business days)

B PACKAGE DETAILS

DB S IDEAL™ eReports is a subscription-based service that delivers real-time notifications via email or SMS for your selected products.

Notification Schedule

Transaction: Transaction level notification on your outgoing and incoming remittance transactions (NEFT/RTGS/Telegraphic Transfer).

Payment List: To provide you a consolidated report at regular intervals during the day for all your incoming and outgoing electronic transfers.

Products

Inward Transfer: To notify you of all incoming transfers, along with transaction advice for NEFT, RTGS and Telegraphic Transfer.

Inward Transfer (VA): To notify you of incoming electronic transfer using Virtual Account only for your NEFT/RTGS/Telegraphic Transfer.

Inward Transfer (non VA): To notify you of incoming electronic transfer (excluding Virtual Account transfers) for NEFT/RTGS/Telegraphic Transfer.

Outward Transfer: To notify you of outgoing transfers, along with transaction advice for NEFT, RTGS and Telegraphic Transfer.

MT103 for outward Telegraphic Transfer: MT103 is a payment advice generated to indicate that a payment instruction has been effected.

C SERVICE AGREEMENT & SIGNING MANDATE

In addition, I/We acknowledge the notification services will be made available and related charges will be applied whenever Bank deems fit. For partnership, the signatures of all partners are required. For a company, the authorised signatories must be per account mandate.