

Digi Upgrade Form



Live more,
Bank less

Please complete all fields of this Form in CAPITAL LETTERS and countersign any corrections / overwriting on the form. Please strike out all blank sections in the form prior to submission.

Branch Name : _____

Branch/SOL id

Date

ACCOUNT DETAILS

Existing CIF ID

Existing Account No.

PRODUCT CHOICE

Savings Account DBS Treasures Others _____

Treasurers Category (TRV) Category 1 (5-30 Lakhs) Category 2 (30 Lakhs - 2 Cr.) Category 3 (> 2 Cr.)

SERVICES REQUIRED

1) Debit Card Yes No Name on Card (Name on Debit Card not to exceed 20 characters including blank spaces)

2) Cheque Book Yes No

DECLARATION

I wish to upgrade the above stated account and confirm having read and understood the terms and conditions governing accounts/deposits and respective services such as Phone Banking, ATM/Debit Cards, Doorstep Banking, Mobile Banking, Internet Banking and Electronic Banking facilities (collectively referred to as "the said banking facilities") linked to my Account and hereby agree to be bound by the terms and conditions and amendments governing the accounts or changes thereof and further amendments made by the Bank from time to time. The copy of terms and conditions is available on the DBS Bank India Limited ("Bank") website www.dbsbank.com/in and is also available at the Bank's branch in India.

I am aware of Charges/fees applicable for the said banking facilities and the Bank's International/Domestic Debit Cards. I hereby agree to be bound by the revised charges/tariff applicable from time to time available on the Bank's website for the said banking facilities and the Bank's International/Domestic Debit Cards. The terms and conditions for the said banking facilities will be in addition and not in derogation of the terms and conditions relating to the conduct of my Account.

Customer Signature

FOR OFFICE USE ONLY

I had met with the above named applicant(s) in person and verified his/her identities & KYC documents and hereby certify that the applicant(s) had signed above in my presence. I understand the consequences of the verification done by me.

RM/Branch Staff/SO Name: _____ Emp. Code: _____ Signature: _____

1bank id: _____ Referral/Promocode: _____

Relationship Manager (TRM/VRM) (if applicable): Name: _____ Emp. Code: _____

Signature: _____ 1bank id: _____

Customer Service Manager (CSM)

Name: _____

CSM Code: _____

CSM Sign: _____

Account upgrade authorized by

Name: _____

Sign: _____

Tier ID _____

Staff Indicator Yes No Staff Employee ID _____ Staff Designation _____

Nomination Form Name Mismatch Form Corporate Code _____

FOR CBG-OPS USE

(AML Verified by) Signature with DATE

(KYC Verified by) Signature with DATE

(Date Verified by) Signature with DATE

(Audited by) Signature with DATE