

# APPLICATION FORM FOR DBS CORPORATE ACCOUNT AND SERVICES

Note: Please complete in BLOCK LETTERS and tick where appropriate

## 1. ACCOUNT TYPE

Please tick your account of choice

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Current Account AUD | <input checked="" type="checkbox"/> Foreign Currency Current Account | X |
|  |  | X |
|  |  | X |
|  |  | X |
| <input type="checkbox"/> Fixed Deposit AUD   | <input type="checkbox"/> Foreign Currency Fixed Deposit              |   |

## 2. BUSINESS PARTICULARS

Registered Name:		Does your company have operations in Australia? <sup>1</sup> : Y <input type="checkbox"/> N <input type="checkbox"/>	Email Address (main email for electronic correspondences):						
Telephone No.: + _____ - _____		Fax: + _____ - _____	Mailing Address (if different from Registered Address below):						
Principal Place of Business <sup>2</sup> (if different from Registered Address below):			Postal Code:						
Postal Code:									
<input type="checkbox"/> Please refer to our particulars contained in the attached ASIC <sup>#</sup> Business Profile, OR <input type="checkbox"/> Refer to particulars below (if this option is selected, please ensure that all fields are completed)									
Business Entity Type (please tick one):	Registered Address:	Nature of Business:	Date of Incorporation: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y				
<input type="checkbox"/> Proprietary Ltd. Co. <input type="checkbox"/> Public Ltd. Co. (listed in Australia) <input type="checkbox"/> Public Ltd. Co. (not listed in Australia) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Others (Please specify)	Postal Code:	Company Registration No. (ACN/ABN/ARBN)	Tax File No.*:						
Country of Incorporation: <input type="checkbox"/> Australia <input type="checkbox"/> Others: _____									

\*You are not required to provide a tax file number for the account. However, if you do not, DBS Bank Ltd., Australia Branch may be required by law to deduct or withhold tax from any interest earned on the account at the highest marginal rate.

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## 3. ACCOUNT AUTHORISED SIGNATORIES

Name:	Passport/Driver License No.:	Telephone No.:
		+ _____ - _____ (Mobile) <sup>3</sup>
	Nationality:	+ _____ - _____ (Office)
		+ _____ - _____
Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
	<input type="checkbox"/> Contact Person for DBS Services <sup>3</sup>	
Name:	Passport/Driver License No.:	Telephone No.:
		+ _____ - _____ (Mobile) <sup>3</sup>
	Nationality:	+ _____ - _____ (Office)
		+ _____ - _____
Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
	<input type="checkbox"/> Contact Person for DBS Services <sup>3</sup>	
Name:	Passport/Driver License No.:	Telephone No.:
		+ _____ - _____ (Mobile) <sup>3</sup>
	Nationality:	+ _____ - _____ (Office)
		+ _____ - _____
Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
	<input type="checkbox"/> Contact Person for DBS Services <sup>3</sup>	
Name:	Passport/Driver License No.:	Telephone No.:
		+ _____ - _____ (Mobile) <sup>3</sup>
	Nationality:	+ _____ - _____ (Office)
		+ _____ - _____
Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
	<input type="checkbox"/> Contact Person for DBS Services <sup>3</sup>	
Name:	Passport/Driver License No.:	Telephone No.:
		+ _____ - _____ (Mobile) <sup>3</sup>
	Nationality:	+ _____ - _____ (Office)
		+ _____ - _____
Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
	<input type="checkbox"/> Contact Person for DBS Services <sup>3</sup>	

## 4. CUSTOMISE MY ACCOUNT(S)

### A. ACCOUNT NAME

Account name will follow Registered name, you can add in suffix for customization (up to 40 characters in total including space)

Registered Name -

Registered Name -

Registered Name -

### B. SIGNING REQUIREMENTS (PLEASE SELECT ONE)

#### For Company/Organisations

Signing Requirement & Authorised Signatories as per attached authorisation documents

#### Other Entities (without resolutions)

- Single
- Joint (please state number of joint signers: \_\_\_\_\_)
- Others: \_\_\_\_\_

# APPLICATION FORM FOR DBS CORPORATE ACCOUNT AND SERVICES

## 5. ACCOUNT HOLDERS' AGREEMENT & SIGN OFF

I/We request DBS Bank Ltd., Australia Branch (ARBN 601 105 373) (the Bank) to open the above stated account(s), subject to the Bank's prevailing General Banking Terms and Conditions and the Australia Jurisdiction Schedule (General Terms), Pricing Guide, and the Terms and Conditions governing the other respective services linked to these account(s) (collectively, the Terms), copies of which are available at [www.dbs.com/au](http://www.dbs.com/au). Should there be any inconsistencies between the General Terms and this form, this form shall prevail.

We acknowledge and agree to the Bank's handling of data and personal information as set out in the DBS Australia Privacy Policy (available at [www.dbs.com/privacy/australia.page](http://www.dbs.com/privacy/australia.page)), Clause 12 (Disclosure of confidential information and personal data) of Part A of the General Terms and Clause 2 of the Australia Jurisdiction Schedule.

This form may be executed in counterparts, each of which will be an original and which together constitute the same document.

If I/we have accepted this form, including the documents referenced in this form (including the General Banking Terms and Conditions and the Australia Jurisdiction Schedule), through electronically signing this form or other applicable document, I/we shall immediately upon the Bank's request, deliver to the Bank a confirmation of our acceptance of such terms. Such confirmation shall be in form and substance satisfactory to the Bank. I/we irrevocably authorise the Bank to carry out our obligations under this paragraph in our name and on our behalf.

I/We acknowledge that the Bank has notified us of the following matters:

**The Bank is a foreign authorised deposit-taking institution (foreign ADI) and provisions of the Banking Act 1959 for the protection of depositors generally do not apply to foreign ADIs, including the Bank. For example, depositors with foreign ADIs do not receive the benefit of the following protections:**

- i. **Deposits are not covered by the financial claims scheme and are not guaranteed by the Australian Government.**
- ii. **Deposits do not receive priority ahead of amounts owed to other creditors. This means that if a foreign ADI were unable to meet its obligations or otherwise is in financial difficulties and ceases to make payments, its depositors in Australia would not receive priority for repayment of their deposits from the foreign ADI's assets in Australia.**
- iii. **A foreign ADI is not required to hold assets in Australia to cover its deposit liabilities in Australia. This means that if the foreign ADI were unable to meet its obligations or otherwise is in financial difficulty and ceases to make payments, it is uncertain whether depositors would be able to access the full amount of their deposit.**

I/We authorise you to honour all payment instructions signed in accordance with the stated signature requirements. I/We agree not to overdraw my/our account without prior arrangement and approval. I/We represent and warrant that I/we have the power and authority to sign and deliver this application form and the resolution attached and that the information given by me/us in this form and any other document(s) submitted to the Bank are complete, true and accurate.

Name: Date:	Name: Date:
Signature:	Signature:
Name: Date:	Name: Date:
Signature:	Signature:

<sup>1</sup> The question is to assist the bank to identify the GST status of a customer.

<sup>2</sup> Principal Place of Business is the address of your main operating office or location of your senior management.

<sup>3</sup> Two people will be required to be Contact Persons whom the bank can liaise with on matters related to DBS services. If not specified, the first two names will be the default Contact Persons.

\* Terms: i) ADI has the meaning given in subsection 5(1) of the Banking Act 1959(Cth);

ii) APRA = the Australian Prudential Regulation Authority;

iii) ASIC = Australian Securities and Investment Commission.

## FOR BANK'S USE ONLY

Account Number(s):

Attended by (Name / Signature / Date):	System updated by:	Other Reference: CL No. CIN
Approved by (Name / Signature / Date):	System Authorised / Report checked by:	