

DBS IDEAL™

MAINTENANCE FORM - REFERENCE

(FOR CUSTOMER'S RETENTION)



Live more,
Bank less

For service package upgrade from Enquiry to Transaction, please use the Application Pack.

Please read through thoroughly before submitting the form. We regret to inform you that incorrect applications may cause delays in processing.

Submit the relevant pages of this Maintenance Form to:

Page 1	Update Account Number(s)/Settings and Instructions	Page 4	Remove Existing User
Page 2	Add New User	Page 5 & 6	Update Authorisation Policy
Page 3	Update Existing User	Page 7	Request New Login PIN, Unlock User Access, Unlock/Replace Device

A IDEAL™ MAINTENANCE REQUEST PROCESS



1 Complete relevant sections of the Maintenance Form



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 upon successful application (after 7 business days)

For New and Upgraded User
Welcome Pack that includes:
Organisation ID, User ID, Soft Token
For Changed User Access
Soft Token

Step 3 only Applicable to New/Upgraded User or Changed User Access

B PACKAGE DETAILS

DBS IDEAL™ is a corporate internet banking platform designed to make banking faster, simpler and smarter.

Package Type	Enquiry	Transaction
Services Available	Enquiry Only	Enquiry Payment Payroll Trade E-Tax
Setup Fee	Waived	Waived
Security Device	Digital Soft Token - Free <i>Hard Token Device only available by request and subject to charges of INR 750 per device.</i>	Digital Soft Token - Free <i>Hard Token Device only available by request and subject to charges of INR 750 per device</i>
Annual Maintenance Charge	Waived	Waived
Transaction initiated from DBS IDEAL™ for RTGS/ NEFT/ PO	Not Applicable	Free

For more information on the extensive functionalities of DBS IDEAL™ 3.0 and transaction pricing, please visit www.dbs.com/in

C SERVICES AND USER ROLES

SERVICE TYPES

Enquiry

View account statements, trade transactions, remittance advices, subscribe to alerts & trade notifications or enquire on Fixed Deposits & Loans.

Payment

Make payments locally & internationally via Intra Company Transfer, Account Transfer, NEFT, RTGS, Bank Cheques, Customer Cheques or Telegraphic Transfer.

Payroll

Make payroll transfers to multiple recipients on a regular basis via NEFT Payroll.

Trade

Enquire on trade transaction details and history. Send new trade applications including Documentary Credit, Documentary Collection, Guarantees & Standby LC & Trade Loan; provide acceptance of Import Bills and settlement instructions.

File Exchange (for E-Tax Request & Telegraphic Transfer)

- File Exchange is a secure medium to send and receive documents and may be used for other transaction type as may be notified to you from time to time.
- You need to register for IDEAL™ Transaction Service and agree and accept the applicable Electronic Banking Terms and Conditions.
- It requires two File Exchange users (one maker and one authorizer) to send the documents to the Bank.
- DBS will be authorized to rely and to process the document/requests received via File Exchange module as per instructions noted below.
- For any queries please contact your respective Relationship Manager or Customer Service.

E-Tax Request:

- Initiate an Internal Account Transfer (ACT) to Account Number: DBS E-Tax Payment Routing AC. Account Number: 811210071211 for each tax payment.
- In the 'Payment Details' field under Account Transfer, indicate details such as the type of payment (e.g. income tax, custom duty, etc), number of pages or forms submitted.
- Submit the duly filled E-Tax processing documents (forms/ templates) as provided by DBS and submit the same via File Exchange.
- All documents submitted should be named as 'Type of Tax_ClientName' (example: GST_ABCCo). All excel files needs to be password protected (read only).
- On the document upload screen, indicate the nature and amount of tax and reference number for Account Transfer initiated.
- Cut off time for same day processing for valid authorized transactions (For both ACT & File Exchange instructions) Monday to Friday: 4:00 PM and working Saturday: 4:00 PM. Do note that working days follow Maharashtra working days, and any transactions received after cut-off will be rejected. Please do not submit future dated transaction via file exchange.

Supporting Documents for Telegraphic Transfer (A2 Payments):

- Initiate and authorise as per your existing authorization matrix a TT request via IDEAL, with the required documents scanned and sent via File Exchange module.
- The complete set of supporting documents prescribed by the regulators and / or DBS, need to be duly attested and / or certified by authorized signatories. This is to be scanned, uploaded and approve via File Exchange.
- All documents submitted via File Exchange should have the file named along this naming convention: "A2_REMS_OTT_Clientname_CurrencyAmount" (example: A2_REMS_OTT_ABCCo_USD5000); and the description field to mention 'A2_REMS_ClientName_Transactionreference.'(example: A2_REM_ABCCo_EBOTT81115334414).
- Telegraphic Transaction request will be processed post verification of documents received via File Exchange. In case of incomplete or discrepant documents, DBS will inform you for necessary action basis which DBS will subsequently process the request upon receipt of complete/ rectified documents.
- Bank specified documents need to be submitted in originals or copies within 1 working day (e.g. Form 15 CA / CB for regulatory submissions), on authorization of TT request. The original documents have to mention "Only for bank records, already processed" to avoid any duplicated processing.
- While transaction would be processed basis verified scanned copies of documents, Bank will communicate to you from time to time, the specific documents that are to be submitted in originals within 1 working day of completion of transaction (For e.g. Form 15 CA/ CB for regulatory submissions). The original documents have to clearly mention "Only for bank records, already processed" so as to avoid any duplicate processing failing which the Bank shall not be held liable in any manner for duplication of the transaction.
- You hereby agree and undertake to retain the original documents for such period of time as may be prescribed under the extant rules and regulations. Currently all transactions documents should be retained for a period of 10 years under the Prevention of Money Laundering Act, 2002. You shall immediately upon request of the Bank provide such documents as may be required by the Bank. Cut off time for valid authorized transactions along with scanned copies of document set via file exchange is, Monday to Friday 3:30pm.

Other Specific Services

Specify other type of services not listed above (e.g. E-Tax) or selected products that the user requires (e.g. Telegraphic Transfers only).

USER ROLES

Transaction Maker

User who creates transactions.

Transaction Authoriser

User who approves transactions.

Admin Officer (2 Required)

User will be given access to Unlock User, Unlock Security Device and Request for new Login PIN.

Contact Person

The bank will liaise directly with him/her on matters relating to IDEAL™ sign up and services.

D

AUTHORISED SIGNATORIES REQUIREMENT

For partnership, the signatures of all partners are required. For a company which has furnished DBS Bank India Limited with a standalone Electronic Banking Board Resolution, the authorised signatories must be the current authorised signatories specified in that document. For a company which has furnished DBS Bank India Limited with a Board Resolution for the opening of the current account that covers Electronic Banking services, the authorised signatories must be the current authorised signatories with the highest authorisation limit as specified in that document.

Company Name* _____
 Organisation ID* _____

Please complete this form in **BLOCK LETTERS**.
 *Mandatory Fields

1 UPDATE ACCOUNT NUMBER(S) Tick where applicable

Note: All Users will be granted access to the accounts listed below. All accounts are granted as Trade Settlement if you have signed up for Trade Services. If there is/are any account(s) to be excluded from Trade Settlement, please indicate clearly in **Other Specific Instructions** (from section **2**).

<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____	<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____
<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____	<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____
<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____	<input type="checkbox"/> Add OR <input type="checkbox"/> Remove _____ _____

2 ACCOUNT SETTINGS AND INSTRUCTIONS Tick where applicable

Note: Please make copies of this page if required.

a. Parent/Subsidiary Companies Linkage

The relevant parent/subsidiary companies are required to submit a separate maintenance form to confirm linkage

Parent/Subsidiary Company Name
 Parent
 Subsidiary

 Company Registration No. / IDEAL™ Organisation ID

Parent/Subsidiary Company Name
 Parent
 Subsidiary

 Company Registration No. / IDEAL™ Organisation ID

b. File Transfer

Access this service

File Transfer allows you to upload files generated from your accounting or payroll system. An implementation officer will get in touch with you regarding the service implementation.

c. Other Specific Instructions

Authorised signatories with company seal required			
Name:	Signature & Company Seal:	Name:	Signature & Company Seal:
Date:	SIGN/STAMP HERE	Date:	SIGN/STAMP HERE

Company Name* _____
 Organisation ID* _____

Please complete this form in **BLOCK LETTERS**.
 *Mandatory Fields

3 ADD/UPDATE/REMOVE NEW USER Tick where applicable

Note: As a part of the verification process, we require you to provide us with a working mobile number and email address.
 To add more users, click [here](#) for additional pages.

Add **OR** Update **OR** Remove

Name* _____
 Preferred IDEAL™ User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) _____ Mobile No.* _____
 _____ - _____
 Email* _____

Add **OR** Update **OR** Remove

Name* _____
 Preferred IDEAL™ User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) _____ Mobile No.* _____
 _____ - _____
 Email* _____

Service(s) & Role(s)

Add **OR** Remove **OR** Supersede

Transaction			
Role(s) \ Service(s)	Transaction Maker	Transaction Authoriser	Please indicate authoriser group for this user: (e.g. A, B, C, D, or E, if applicable to Authorisation Policy)
Payment			
Payroll			
Trade			
Others			

Service(s) & Role(s)

Add **OR** Remove **OR** Supersede

Transaction			
Role(s) \ Service(s)	Transaction Maker	Transaction Authoriser	Please indicate authoriser group for this user: (e.g. A, B, C, D, or E, if applicable to Authorisation Policy)
Payment			
Payroll			
Trade			
Others			

Enquiry Admin Officer Contact Officer

File Exchange¹

File Exchange Upload
 File Exchange Approver
 Note: File Exchange service is required for E-Tax Request and Telegraphic Transfer.

Enquiry Admin Officer Contact Officer

File Exchange¹

File Exchange Upload
 File Exchange Approver
 Note: File Exchange service is required for E-Tax Request and Telegraphic Transfer.

Additional Information

Additional Information

Access to which Account(s)?

All IDEAL™ Accounts **OR** The Accounts Listed Below

Access to which Account(s)?

All IDEAL™ Accounts **OR** The Accounts Listed Below

¹ Separate Electronic Banking Terms and Conditions applies, refer to **Reference Notes** section **C**

Authorised signatories with company seal required

Name:	Signature & Company Seal:	Name:	Signature & Company Seal:
Date:	SIGN/STAMP HERE	Date:	SIGN/STAMP HERE

Company Name* _____
 Organisation ID* _____

Please complete this form in **BLOCK LETTERS**.
 *Mandatory Fields

4 AUTHORISATION POLICY Tick where applicable

From	To	Authorisation Requirement	
0	50,000	No. of Authoriser required	Required Combination of Authorised Signatories
		<input checked="" type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	OR <input type="checkbox"/> Sequential Authorisation
50,000	100,000	No. of Authoriser required	Required Combination of Authorised Signatories
		<input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	OR 1A or 1B and 1C <input type="checkbox"/> Sequential Authorisation

Payment from ₹0 to ₹50,000 requires signatory from **Any 1 Authoriser**.

Payment from ₹50,000 to ₹100,000 requires **1 signatory from Group A or 1 from Group B and 1 from Group C**.

Note: If page is left blank or has missing information, the default setting of 'Total Transactional Value of Batch', 'All Debit Accounts', 'Payment currency in ₹ INR' and 'All Services' will apply
 To add more authorisation instructions, click [here](#) for additional pages.

- Total Transactional Value of Batch **OR** Highest Transactional Value of Batch
- ALL Debit Accounts **OR** Specific Debit Account _____
- Payment currency in ₹ INR **OR** Specific Payment Currency _____
- All Services **OR** Payment Payroll Trade Others _____

From	To	Authorisation Requirement	
0		No. of Authoriser(s) required	Required Combination of Authorised Signatories
		<input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	OR <input type="checkbox"/> Sequential Authorisation
		No. of Authoriser(s) required	Required Combination of Authorised Signatories
		<input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	OR <input type="checkbox"/> Sequential Authorisation

Additional Information

Authorised signatories with company seal required

Name:	Signature & Company Seal:	Name:	Signature & Company Seal:
Date:	SIGN/STAMP HERE	Date:	SIGN/STAMP HERE

4 AUTHORISATION POLICY - CONTINUED Tick where applicable

Note: If page is left blank or has missing information, the default setting of 'Total Transactional Value of Batch', 'All Debit Accounts', 'Payment currency in ₹ INR' and 'All Services' will apply
 To add more authorisation instructions, click [here](#) for additional pages.

1.	<input type="checkbox"/> Total Transactional Value of Batch	OR	<input type="checkbox"/> Highest Transactional Value of Batch
2.	<input type="checkbox"/> ALL Debit Accounts	OR	<input type="checkbox"/> Specific Debit Account _____
3.	<input type="checkbox"/> Payment currency in ₹ INR	OR	<input type="checkbox"/> Specific Payment Currency _____
4.	<input type="checkbox"/> All Services	OR	<input type="checkbox"/> Payment <input type="checkbox"/> Payroll <input type="checkbox"/> Trade <input type="checkbox"/> Others _____

From	To	Authorisation Requirement			
		No. of Authoriser(s) required		Required Combination of Authorised Signatories	
		<input type="checkbox"/> Any 1 Authoriser	OR	<input type="checkbox"/>	Sequential Authorisation
		<input type="checkbox"/> Any 2 Authorisers			
		No. of Authoriser(s) required		Required Combination of Authorised Signatories	
		<input type="checkbox"/> Any 1 Authoriser	OR	<input type="checkbox"/>	Sequential Authorisation
		<input type="checkbox"/> Any 2 Authorisers			
		No. of Authoriser(s) required		Required Combination of Authorised Signatories	
		<input type="checkbox"/> Any 1 Authoriser	OR	<input type="checkbox"/>	Sequential Authorisation
		<input type="checkbox"/> Any 2 Authorisers			
		No. of Authoriser(s) required		Required Combination of Authorised Signatories	
		<input type="checkbox"/> Any 1 Authoriser	OR	<input type="checkbox"/>	Sequential Authorisation
		<input type="checkbox"/> Any 2 Authorisers			

Additional Information

Authorised signatories with company seal required			
Name:	Signature & Company Seal:	Name:	Signature & Company Seal:
Date:	SIGN/STAMP HERE	Date:	SIGN/STAMP HERE

Company Name* _____
 Organisation ID* _____

Please complete this form in **BLOCK LETTERS**.
 *Mandatory Fields

5 CHANGE USER ACCESS Tick where applicable

Note: To add more instructions, click [here](#) for additional pages.

Name _____
 IDEAL™ User ID* _____
 Email* _____

I want to

1. Request for New Login PIN

2. Unlock Security Device (physical device not required to be returned)

Security Device Serial No. (required for Unlock Security Device option)
 - -

Security Device Unlock Code (required for Unlock Security Device option)

3. Replace Security Device (faulty device required to be returned) ^

Security Device Serial No. (required for Replace Security Device option)
 - -

Reason for Replacing Security Device

Misplaced Security Device Faulty Security Device

Others _____

Name _____
 IDEAL™ User ID* _____
 Email* _____

I want to

1. Request for New Login PIN

2. Unlock Security Device (physical device not required to be returned)

Security Device Serial No. (required for Unlock Security Device option)
 - -

Security Device Unlock Code (required for Unlock Security Device option)

3. Replace Security Device (faulty device required to be returned) ^

Security Device Serial No. (required for Replace Security Device option)
 - -

Reason for Replacing Security Device

Misplaced Security Device Faulty Security Device

Others _____

^ A service fee of INR 500 is chargeable if faulty device is not returned

Authorised signatories with company seal required			
Name:	Signature & Company Seal:	Name:	Signature & Company Seal:
Date:	SIGN/STAMP HERE	Date:	SIGN/STAMP HERE