

To: Maybank Singapore Limited,

APPOINTMENT / CHANGE IN AUTHORISED SIGNATORIES BY AUTHORISED PERSONS

TYPE OF ENTITY (Please <input checked="" type="checkbox"/> the relevant boxes)
<input type="checkbox"/> Company
<input type="checkbox"/> Associate/ Society

ACCOUNT INFORMATION	
Name of Customer/Account Name	
Unique Entity/ Registration/ Gazette No.	

(Please one of the following)

Option 1
That all previous mandates' reference to authorised signatories for the Company's / Association's / Society's account(s) as enlisted below, be superseded with effect from date of update of this new mandate.
Note: Please complete sections A & B.

Option 2
That other than the amendments provided below, the mandates which were previously furnished to the Bank with reference to authorised signatories of the account(s) of the Company / Association / Society shall remain in full force and effect.
Note: Please complete sections A, B, C and D where applicable.

The following person/s is/are[^] hereby authorized on behalf of the Company's / Association's / Society's to operate such account(s) and facility/facilities as stated in the previous mandate, in the following manner

ACCOUNTS TO BE UPDATED
(Please <input checked="" type="checkbox"/> the relevant boxes)
<input type="checkbox"/> All accounts with Maybank Singapore Limited are to be updated
<input type="checkbox"/> Account(s) to be updated is/are as follows:
<div style="border: 1px dashed black; height: 20px; width: 100%;"></div>

SECTION A: UPDATE OF SIGNING CONDITIONS	
SIGNING CONDITIONS	
Note: Schedule of signing condition may be provided for accounts in a different currency	
Authorisation Limit	Signature Requirements
<input type="radio"/> Any Amount (Note: Please do not fill in Tiered Amount below if this has been selected)	<input type="radio"/> Any One <input type="radio"/> Any Two jointly <input type="radio"/> Others: <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>
<input type="radio"/> Tiered Amount	<input type="radio"/> Any One <input type="radio"/> Any Two jointly <input type="radio"/> Others: <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>
<input type="checkbox"/> Up to <div style="border: 1px dashed black; padding: 2px;">[currency]</div> <div style="border: 1px dashed black; padding: 2px;">[amount]</div>	<input type="radio"/> Any One <input type="radio"/> Any Two jointly <input type="radio"/> Others: <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>
<input type="checkbox"/> Up to <div style="border: 1px dashed black; width: 100px; height: 15px;"></div> <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>	<input type="radio"/> Any One <input type="radio"/> Any Two jointly <input type="radio"/> Others: <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>
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<input type="checkbox"/> Any Amount	<input type="radio"/> Any One <input type="radio"/> Any Two jointly <input type="radio"/> Others: <div style="border: 1px dashed black; width: 100px; height: 15px;"></div>
<input type="radio"/> Other Signing Requirements ¹	
<div style="border: 2px dashed black; border-radius: 15px; height: 60px; width: 100%;"></div>	

¹ If you are attaching a schedule of signing condition, it has to be duly signed by same certifiers of this form.

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SECTION B: APPOINTMENT OF AUTHORISED SIGNATORIES**Please include particulars of all Authorised Signatories, note only new Authorised Signatories are required to sign***PARTICULARS OF AUTHORISED SIGNATORIES**

Name^ (Mr/Miss/Mdm/Ms/Mrs)		NRIC/Passport No		Signature*	Group								
Date of Birth	Nationality		Country of Birth										
Residential Address													
Designation		Email		FOR BANK'S USE									
Telephone No. (HP)		(OFF)		CIF NO.:									
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PARTICULARS OF AUTHORISED SIGNATORIES

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Date of Birth	Nationality		Country of Birth										
Residential Address													
Designation		Email		FOR BANK'S USE									
Telephone No. (HP)		(OFF)		CIF NO.:									
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Designation		Email	FOR BANK'S USE										
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SECTION C: DELETION OF AUTHORISED SIGNATORIES

We hereby authorise the Bank to delete the following authorised signatories and terminate the applicable products/services (as indicated by checked box below) for the accounts specified, for the following signatories which are being deleted.

1. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below) <input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <table border="1" style="width: 150px; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
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NRIC/Passport No.:																					

SECTION D: CHANGE IN GROUPING FOR EXISTING AUTHORISED SIGNATORIES

NAME:	NRIC/PASSPORT NO:	NEW GROUP:
NAME:	NRIC/PASSPORT NO:	NEW GROUP:
NAME:	NRIC/PASSPORT NO:	NEW GROUP:
NAME:	NRIC/PASSPORT NO:	NEW GROUP:

AGREEMENT

I/We hereby confirm that I/we have the authority granted by the Company to appoint the person(s) whose signature(s) appear above as an authorised signatory(ies) ("Authorised Signatories") of the account(s) indicated in this form ("Account(s)"). I/We certify and confirm that the Authorised Signatories are authorised to draw, sign, endorse, accept or make for and on my/our behalf and on behalf of the Company in whose name the account is held, all cheques, bills, notes, instructions, directions, or orders to pay and any other instructions in respect of the Accounts (including but not limited to closing the account) without the Bank having to enquire into the circumstances or being liable in any way in respect of such payment and/or instructions and the Bank be and is authorised to honour any such cheques, bills, notes, instructions, directions or orders to pay and any other instruments. In addition, the Authorised Signatories are authorised to apply for or use any temporary overdraft or ad hoc trade or other facility (including without limitation bankers' guarantees, letter of credit, bills of exchange purchased) and undertake any matters or perform any acts in connection therewith.

The Authorised Signatories are authorised to perform and effect the above services applied for by me/us at any time and from time to time for and on my/our behalf in relation to the Account(s). I/We confirm that the Authorised Signatories have sufficient authority to perform and effect all transactions of such services for and on my/our behalf and all such transactions shall be binding and conclusive on me/us.

I/We undertake to indemnify and hold the Bank fully indemnified from and against any losses, costs (including solicitor and client costs on a full indemnity basis), charges, damages, claims, demands, actions, proceedings and all other liabilities of whatever nature and howsoever incurred or suffered by the Bank or which may be brought or preferred against the Bank as a result of the Bank agreeing to act on my/our authorisation herein.

Certified this day of by the following authorised persons for and on the behalf of the Applicant

Authorised Person	Authorised Person	Authorised Person	Authorised Person
Signature	Signature	Signature	Signature
Name:	Name:	Name:	Name:
NRIC / Passport No.:	NRIC / Passport No.:	NRIC / Passport No.:	NRIC / Passport No.:
Designation:	Designation:	Designation:	Designation:

FOR BANK'S USE

Attended by:	Approved by:	CIF No:	<input type="text"/>				
		SVS	Captured by:	Verified by:			
(Bank Staff name & PF No/ Signature/Date)	(Bank Staff name & PF No/ Signature/Date)						