## CHANGE IN AUTHORISED SIGNATORIES CERTIFIED EXTRACT OF RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF COMPANY/BOARD OF COMMITTEE/ BOARD OF TRUSTEES OF ASSOCIATION/SOCIETY

	(Please  the relevant boxes)  Company Associate / Society
The following resolutions were passed by the Board	d of Directors/ Board of Committee/ Board of Trustees of
on the day of "RESOLVED THAT"	
(Please ☑ one of the following)	
☐ <u>Option 1</u>	sed signatories for the Company's / Association's / Society's account(s) om date of update of this new mandate.
	ow, the mandates which were previously furnished to the Bank with nt(s) of the Company / Association / Society shall remain in full force re applicable.
The following person/s is/are^ hereby authorized or account(s) and facility/facilities as stated in the pre  ACCOUNTS TO BE UPDATED	n behalf of the Company's / Association's / Society's to operate such evious mandate, in the following manner
(Please  the relevant boxes)  All accounts with Maybank Singapore Limited ar Account(s) to be updated is/are as follows:  SECTION A: UPDATE OF SIGNING CONDITIONS	e to be updated
SIGNING CONDITIONS  Note: Schedule of signing condition may be provided f  Authorisation Limit	or accounts in a different currency Signature Requirements
O Any Amount (Note: Please do not fill in Tiered Amount below if this has been selected)	O Any One O Any Two jointly Others:
○ Tiered Amount	,
Up to [currency] [amount]	O Any One O Any Two jointly O Others:
☐ Up to	O Any One O Any Two jointly O Others:
☐ Up to	O Any One O Any Two jointly O Others:
Any Amount	O Any One O Any Two jointly Others:
Other Signing Requirements <sup>1</sup>	

The contents of this document/information remain the intellectual property of Maybank and no part of this is to be reproduced or transmitted in any form or by any means, including electronically, photocopying, recording or in any information storage and retrieval system without the permission in writing from Maybank. The contents of this document/information are confidential and its circulation and use are restricted.

<sup>&</sup>lt;sup>1</sup> If you are attaching a schedule of signing condition, it has to be duly signed by the same certifiers of this form.

SECTION B: APPOINT	MENT OF AUTHORISE	D SIGNATORIES			
*Please include parti	culars of <u>all</u> Authorise	d Signatories, note	only <u>new </u> Author	ised Signatories a	re required to sign
PARTICULARS OF AU	THORISED SIGNATORI	ES			
Name^ (Mr/Miss/Mdm/Ms/Mrs)		NRIC/Passport N	NRIC/Passport No		Group
Date of Birth	Nationality	Country	y of Birth		
Residential Address					
Designation	Email			FOR BANK'S I	JSE
				CIF NO.:	
Telephone No.					
(HP) (OFF)					
DARTICIII ARS OF ALL	THORISED SIGNATORI	FC		·	
			rt No	Signature*	Group
Name^ (Mr/Miss/Mdm/Ms/Mrs)		Mile/Tasspoi	NRIC/Passport No		G. 33.p
Date of Birth	Nationality	Coun	ntry of Birth		
Residential Address	1	1			
Designation	Email			FOR BANK'S I	JSE
5				CIF NO.:	
Telephone No.					
(HP)		OFF)			
				<u>'</u>	
	THORISED SIGNATORI				Cwarra
Name^ (Mr/Miss/Mdn	n/Ms/Mrs)	NRIC/Passpoi	rt No	Signature*	Group
Date of Birth	Nationality	Coun	try of Birth		
Residential Address					
Designation	Email			FOR BANK'S I	ISF
Designation	Linait			CIF NO.:	JJL
Telephone No.	•				
(HP)		OFF)			

The contents of this document/information remain the intellectual property of Maybank and no part of this is to be reproduced or transmitted in any form or by any means, including electronically, photocopying, recording or in any information storage and retrieval system without the permission in writing from Maybank. The contents of this document/information are confidential and its circulation and use are restricted.

Page 2 of 4

PARTICULARS OF AUTHORISE	D 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 L	JSE
			CIF NO.:	
Telephone No. (HP)	(OFF)			
SECTION C: DELETION OF AU				
products/services (as indication are being deleted.	ted by checked box	the following authorised signator below) for the accounts specified	, for the follow	ving signatories which
1. Full Name:		Products/Services to be remove	·d	
		(Please ☑ the relevant boxes be ☐ BIB	elow)	
NRIC/ Passport No.:		☐ Business debit/credit card(s) Card no.: ☐ ☐ ☐ ☐	<del></del>	
2. Full Name:		Products/Services to be remove (Please ☑ the relevant boxes be		
NRIC/Passport No.:		☐ BIB☐ Business debit/credit card(s)		
		Card no.:		
3. Full Name:		Products/Services to be remove		
		(Please  the relevant boxes be ☐ BIB	elow)	
NRIC/ Passport No.:		☐ Business debit/credit card(s)  Card no.: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
4. Full Name:		Products/Services to be remove		
4. Tutt Name.		(Please ☑ the relevant boxes be	-	
NRIC/ Passport No.:		☐ BIB☐ Business debit/credit card(s)☐		
		Card no.:		
5. Full Name:		Products/Services to be remove (Please ☑ the relevant boxes be	-	
NRIC/ Passport No.:		☐ BIB☐ Business debit/credit card(s)	,	
Mac rasspore no		Card no.:		
6. Full Name:		Products/Services to be remove	d	
		(Please	elow)	
NRIC/Passport No.:		Business debit/credit card(s)  Card no.:		
		cara non		
SECTION D: CHANGE IN GRO	UPING FOR EXISTI	NG AUTHORISED SIGNATORIES		
NAME:		NRIC/PASSPORT NO:	١	NEW GROUP:
NAME:		NRIC/PASSPORT NO:		NEW GROUP:
NAME:		NRIC/PASSPORT NO:	١	NEW GROUP:
NAME:		NRIC/PASSPORT NO:	١	NEW GROUP:

The contents of this document/information remain the intellectual property of Maybank and no part of this is to be reproduced or transmitted in any form or by any means, including electronically, photocopying, recording or in any information storage and retrieval system without the permission in writing from Maybank. The contents of this document/information are confidential and its circulation and use are restricted

## AGREEMENT

We hereby certify that the foregoing resolutions were passed and have been duly recorded in the minute book of the Company/ Association/ Society and the said resolutions are now in full force and effect. We further certify that the Signatory/ Signatories enlisted are present officers of the Company/ Association/ Society, occupying the positions stated above and the signatures are those of the respective signatories.

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

FOR BANK'S USE				
Attended by:	Approved by:	CIF No:		
		SVS	Captured by:	Verified by:
(Bank Staff name & PF No/ Signature/Date)	(Bank Staff name & PF No/ Signature/Date)			