

To: Maybank Singapore Limited

**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**

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

The following resolutions were passed by the Board of Directors/ Board of Committee/ Board of Trustees of

on the _____ day of _____.

“RESOLVED THAT”

(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reference to authorised signatories for the Company's / Association's / Society's account(s) as enlisted below, be superseded with effect from date of update of this new mandate.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 the relevant boxes)

All accounts with Maybank Singapore Limited are to be updated

Account(s) to be updated is/are as follows:

SECTION A: UPDATE OF SIGNING CONDITIONS

SIGNING CONDITIONS

Note: Schedule of signing condition may be provided for accounts in a different currency

Authorisation Limit

Any Amount

(Note: Please do not fill in Tiered Amount below if this has been selected)

Tiered Amount

Up to [currency] [amount]

Up to _____

Up to _____

Any Amount

Signature Requirements

Any One Any Two jointly Others: _____

Any One Any Two jointly Others: _____

Any One Any Two jointly Others: _____

Any One Any Two jointly Others: _____

Any One Any Two jointly Others: _____

Other Signing Requirements ¹

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

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.:							
					<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							

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.:							
					<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							

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.:							
					<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							

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)			CIF NO.:
			(OFF) <input type="text"/>

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)
NRIC/ Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>
2. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below)
NRIC/Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>
3. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below)
NRIC/ Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>
4. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below)
NRIC/ Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>
5. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below)
NRIC/ Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>
6. Full Name:	Products/Services to be removed (Please <input checked="" type="checkbox"/> the relevant boxes below)
NRIC/Passport No.:	<input type="checkbox"/> BIB <input type="checkbox"/> Business debit/credit card(s) Card no.: <input type="text"/>

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:

