

Schedule 2: Virtual Account Bulk File Declaration

Effective Date: (subject to Bank's confirmation)**This Form is specifically for**

Name of Organisation:

Unique Entity Number (UEN):

Master Account Name:

Master Account No.:

Contact Particulars

Primary Contact Person:

☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm

Designation:

Mobile No.:

Email:

Office No.:

Declaration

I/We hereby declare that all instructions and/or requests in the Bulk File on the date of (DDMMYY) _____ with the file name _____ via email are genuine and the Bank is entitled to, without further checks, act on such instructions and/or requests even though this may contradict any other instruction or mandate we have given to the Bank and even if such instructions and/or requests are not genuine. I/We are responsible to implement and ensure that there are adequate internal control procedures and security measures to prevent any fraud, abuse or unauthorised acts or omissions by submitting the Bulk File.

By signing this form, I/we hereby confirm that I/we have read and understood the applicable terms in the Terms and Conditions Governing the Corporate Deposits Accounts and Services, including the Terms and Conditions for Virtual Account Service and the Terms and Conditions for Corporate Administration Function Service and agree to be bound by all the terms therein and any amendment or variation thereof.

Signature of Authorised Signatories

Name(s):

Signature of Authorised Signatories

Name(s):

The Bank will take at least four (4) business days from the date of its receipt to process this application. Please contact your Relationship Officer if you do not receive a confirmation that the setup has been completed after three business days.

FOR BANK USE ONLY**Signature Verification**

This Signature/Application is Verified by Relationship Manager

Name:

Date:

Relationship Manager Signature:

Special Instructions: