



Schedule 1: Virtual Account Creation/Maintenance Form

☐ New Creation (please complete Section 1)

☐ Update (please fill in the concerned fields in Section 2)

☐ Deletion (please complete Section 3)

Effective Date: (subject to Bank's confirmation)

If there are more entries to be created/maintained, feel free to submit additional copies of Schedule 1, number the sequence if needed.

This Form is specifically for

Name of Organisation: Unique Entity Number (UEN):

Master Account No.: Master Account Name:

Contact Particulars

Primary Contact Person (Dr/Mdm/Mr/Mrs/Ms):

Designation: Mobile No.:

Email: Office No.:

1 | NEW CREATION

1.1 CREATION OF GROUP IDENTIFIER DETAILS

S/N	7-digit Group Identifier (Only applicable when client opts for Group Identifier to be determined by the client)	Group Name
1.		
2.		
3.		
4.		
5.		

1.2 CREATION OF VIRTUAL ACCOUNT DETAILS

S/N	Group Identifier Name	Virtual Account Name	User-Specified Percentage (Only applicable if the credit distribution method is indicated as such)	VA E-Alert Recipient Mobile No. (Optional)	E-Alert Recipient Email Address (Optional)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

2 | UPDATE**2.1 UPDATE OF GROUP IDENTIFIER DETAILS**

S/N	7-digit Group Identifier	Group Name
1.		
2.		
3.		
4.		
5.		

2.2 UPDATE OF VIRTUAL ACCOUNT DETAILS

S/N	17-digit Virtual Account Number	Virtual Account Name	User-Specified Percentage (Only applicable if the credit distribution method is indicated as such)	VA E-Alert Recipient Mobile No.	E-Alert Recipient Email Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3 | DELETION (VIRTUAL ACCOUNT BALANCE MUST BE ZEROIZED BEFORE DELETION)

3.1 DELETION OF GROUP IDENTIFIER DETAILS

S/N	7-digit Group Identifier	Group Name
1.		
2.		
3.		
4.		
5.		

3.2 DELETION OF VIRTUAL ACCOUNT DETAILS

S/N	17-digit Virtual Account Number	Virtual Account Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

AUTHORISATION

By signing this form, I/we hereby confirm that I/we have read and understood 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'S USE ONLY

SIGNATURE VERIFICATION

THIS SIGNATURE/APPLICATION IS VERIFIED BY RELATIONSHIP MANAGER

NAME:

DATE:

RELATIONSHIP MANAGER SIGNATURE:

SPECIAL INSTRUCTIONS: