



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 No.: Master Account Name:

Contact Particulars

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

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 is 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 has given to the Bank or 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 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

Signature of Authorised Signatories

Name(s):

Name(s):

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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: