

DBS IDEAL™ MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Please complete this form in BLOCK LETTERS.

Company Name* _____

Organisation ID* _____

6 AUTHORISATION POLICY

		<input type="checkbox"/> All Services	<input checked="" type="checkbox"/> Payment	<input type="checkbox"/> Payroll	<input type="checkbox"/> Trade	<input type="checkbox"/> Others _____
Above	Up to	Authorisation Requirement				
0	100 Million	No. of Authoriser required <input checked="" type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div>		
100 Million	500 Million	No. of Authoriser required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div> 1A and 1B		

Payment from IDR 0 to IDR 100 million requires signatory from **Any 1 Authoriser**.

Payment from IDR 100 million to IDR 500 million requires **1** signatory from **Group A** and **1** from **Group B**.

Note: If the services applicable is not indicated, the authorisation policy will apply to **All Services**.

The total transaction value of the batch will be used to calculate the authorisation limit.

Tick where applicable

		<input type="checkbox"/> All Services	<input checked="" type="checkbox"/> OR	<input type="checkbox"/> Payment	<input type="checkbox"/> Payroll	<input type="checkbox"/> Trade	<input type="checkbox"/> Others _____
Above	Up to	Authorisation Requirement					
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div>			
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div>			
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div>			
		No. of Authoriser(s) required <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers		Required Combination of Authorised Signatories <div>OR</div>			

Company Stamp

Authorised Person signatories required

SIGN HERE _____

SIGN HERE _____