

DBS IDEAL Customer Self Administration ADMINISTRATOR MAINTENANCE FORM (FOR SUBMISSION TO BANK)

Company Name* _____

Organisation ID* _____

Please complete this form in **BLOCK LETTERS**.

*Mandatory Fields

Purpose

This form must be completed by the authorised person or persons to appoint or remove Administrator(s) for the organisation listed above.

Administrators will have the authority and responsibility for the set-up, administration, maintenance, and ongoing use of and access to IDEAL on behalf of the organisation listed above, including:

| CATEGORY | ROLES | ADMINISTRATOR |
|-----------------|---|---------------|
| User | Adding or removing a Transaction maker and authoriser | ✓ |
| | Modifying any user access to accounts and services | ✓ |
| | Suspending and reactivating a User's IDEAL access | ✓ |
| | Resetting User's PIN | ✓ |
| Security Device | Unlocking Security Device | ✓ |
| | Requesting for a new Security Device | ✓ |
| Company profile | Managing company profile in IDEAL* | ✓ |
| | Managing company authorisation policy | ✓ |

Important Notes

- Given the wide powers conferred on the appointed Administrator(s), Administrator(s) should be persons within the organisation with sufficient executive power and authority to take on the role and the organisation is responsible for ensuring that it has appropriate and adequate internal controls procedures and security measures in place to prevent any fraud, abuse or unauthorised acts/omissions by Administrators.
- For security reasons, at least 2 Administrators must be appointed and any action initiated by one Administrator must be approved by at least one other Administrator.
- To delete a user, use the IDEAL Maintenance Form.

Documents to be submitted for new Administrator

Please read through thoroughly before submitting the form. If the documents are not furnished previously, please furnish us necessary documents to avoid any delay.

- For Indonesian citizen: Certified true copy of KTP.
- For Foreigner:
 - Certified true copy of Passport AND
 - Certified true copy of KITAS/reference letter AND
 - Certified true copy of other supporting document with address information (only required if there is no address information on KITAS/reference letter).

Company Stamp

Authorised Person signatories required

SIGN HERE _____

SIGN HERE _____

DBS IDEAL Customer Self Administration MAINTENANCE FORM (FOR SUBMISSION TO BANK)

1 USER DETAILS

Note: The "Remove Administrator" option will only remove administrator access from the user. To delete the user profile, use the IDEAL Maintenance form.

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Add | OR | <input type="checkbox"/> Remove Administrator |
| Administrator 1 | | |
| User Name* | KTP/Passport No.* | |
| Nationality* | Date of Birth (DD/MM/YYYY)* | |
| Preferred / Current IDEAL User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) | Office No. | |
| Email Address* | Mobile No.* | |

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Add | OR | <input type="checkbox"/> Remove Administrator |
| Administrator 2 | | |
| User Name* | KTP/Passport No.* | |
| Nationality* | Date of Birth (DD/MM/YYYY)* | |
| Preferred / Current IDEAL User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) | Office No. | |
| Email Address* | Mobile No.* | |

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Add | OR | <input type="checkbox"/> Remove Administrator |
| Administrator 3 | | |
| User Name* | KTP/Passport No.* | |
| Nationality* | Date of Birth (DD/MM/YYYY)* | |
| Preferred / Current IDEAL User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) | Office No. | |
| Email Address* | Mobile No.* | |

| | | |
|---|-----------------------------|---|
| <input type="checkbox"/> Add | OR | <input type="checkbox"/> Remove Administrator |
| Administrator 4 | | |
| User Name* | KTP/Passport No.* | |
| Nationality* | Date of Birth (DD/MM/YYYY)* | |
| Preferred / Current IDEAL User ID (8-12 alphanumeric characters, ie. A-Z, 0-9) | Office No. | |
| Email Address* | Mobile No.* | |

2 AUTHORISATION AND ACKNOWLEDGEMENT

Please indicate the number of Administrator(s) required to approve a set-up, administration and/or maintenance created by an Administrator.

- | | |
|---|---|
| <input type="checkbox"/> Any 1 Administrator required to approve a request | <input type="checkbox"/> Any 2 Administrators required to approve a request |
| <input type="checkbox"/> Any 3 Administrators required to approve a request | <input type="checkbox"/> Any 4 Administrators required to approve a request |
| <input type="checkbox"/> Any 5 Administrators required to approve a request | |

Scenario of Administrator creating a request

(with 3 Administrator approvals)



You may have up to 5 administrator approvals required for a request.

Company Stamp

Authorised Person signatories required

SIGN HERE _____

SIGN HERE _____

DBS IDEAL Customer Self Administration MAINTENANCE FORM (FOR SUBMISSION TO BANK)

3 AGREEMENT AND ACCEPTANCE

I am/We are duly authorised by the organisation named in this form ("Organisation") to sign and deliver this form to PT Bank DBS Indonesia (the "Bank").

I/We have read, understood and agree to the matters in this form and agree that the provision of electronic banking services will be subject to DBS Electronic Banking Services Terms and Conditions, as the same may be amended, supplemented or substituted from time to time. I/We confirm that all information provided and documents submitted by me/us are true, complete and accurate. When providing any personal data to the Bank, I/we confirm that I am/we are lawfully providing the data for the Bank to use and disclose for the purposes of: (1) providing products or services to me/us; (2) meeting the operational, administrative and risk management requirements of DBS Group; and (3) complying with any requirement, as DBS Group reasonably deems necessary, under any law or of any court, government authority or regulator. "DBS Group" means DBS Group Holdings Ltd and its affiliates.

Should any Administrator ceases to be employed by the Organisation, I/we undertake to inform the Bank and the Organisation will submit the IDEAL Maintenance form to delete this Administrator's user profile in IDEAL. I/We agree that the Organisation shall not hold the Bank liable for any act or omission by an Administrator who ceases to be employed by the Organisation for which the Bank is not informed.

Company Stamp

Authorised Person signatories required

SIGN HERE _____

SIGN HERE _____