

Customer Information Update Form (Businesses, Churches, Schools, Clubs)

Account Name:		Account Number:			Branch:		
SECTION 1-ENTITY TYPE							
Sole Proprietor	Body Corporate	Parnership	PBC		Pvt Ltd		
Public Entity	Trust/Attorney Trus	t Church	Schoo	ol	Government		
Club	Deceased Estate (Company (including	incorporated co	mpanies))		
Other	spec	rify					
SECTION 2-ENTITY INFORM.							
a) <u>RESIDENCY</u>	Resident	Non Resid	ent				
Registered Name:							
Name of Account/Trade N							
Physical Business Address (
7 031 at 7 (d at 033).							
Head Office Address/Regi	istered Address (if applic	cable):					
Company/Identity/Trust Registration Number:							
Business Partner Number(BPN): VAT Number:							
Establishment Date (DD/MM/YYYY) Financial Year End(DD/MM/YYYY):							
Anticipated Annual Turnover (in local currency):							
Reason for opening an account with this institution: Savings Transaction Convenience							
Type of activity conducted on account (eg. Cash Deposits, Debt Orders):							
Source of funds (eg. Donation, Third Party Loan):							
Source of income (eg. Profit from sales):							
Type of business conducted:							
No. of employees/members:							
Business Fax Number:Business Email Address:							
b) CONTACT DETAILS							
Contact Person	Capacity	Te	elephone Number		Email Address		

c) <u>REFERENCES</u>					
Record details of two business/trading associations	tes the bank may contact to obtain tro	ade references			
Name of Company/Firm	Name of Contact Perso	on Telephone Number			
SECTION 4-BANK STATEMENTS					
Daily Weekly	/ Monthly	Quarterly Half Yearly			
Statement Day Statem	nent Month	Number of statements required			
Mail Collect	t				
Delivery Instruction:					
SECTION 5-GENERAL					
Date (DD/MM/YYYY):					
To POSB					
RESOLUTION OF THE BOARD OF DIRECTORS					
We hereby certify that the following Resolution	of the Board of Directors/ Members/Tr	ustees/Committee or Partners of			
	w	as passed at a meeting at the Board held on the			
day ofand h	ias duly been recorded in the minutes	book of the said company. The Board of Directors/			
Members/Trustees/Committee or Partners resol	ved that an account for				
be opened with POSB at their	branch	a and that the signatories for the account be as follow			
Name (in full and in capital letters):					
Official Position:		Specimen Signature			
Name (in full and in capital letters):					
Official Position:		Specimen Signature			
Name (in full and in capital letters):					
Official Position:		Specimen Signature			
Name (in full and in capital letters):					
Official Position:		Specimen Signature			
Name (in full and in capital letters):					
Official Position:		Specimen Signature			
AUTHORISED SIGNATORIES: Any of	one Any two Ar	ny three All			
	any Director or the Secretary acting o	he company's mandate to remain in force until r purporting to act on behalf of the company and fo e Resolutions shall be deemed a revocation.			
SECTION 6-SPECIMEN SIGNATURE FORM-MAND	ATE FILE				
1) Account Number:	2) Name of applic	ant:			
3) Type of Account (eg. current):	4) Currency (eg. U	SD):			
5) Signing instructions:	one Any two Ar	ny three All			
Full Names					
- GILLAGINGS					
	Specimen :	Affix Photo			
Athourity/Signature Type	specimen.	Signature of Signatory			

Full Names					ΙГ	
Athourity/Signature Type		Specimen Signature			Affix Photo of Signatory	
Full Names						
Athourity/Signature Type		Specimen Signature				Affix Photo of Signatory
Full Names					Affix Photo	
Athourity/Signature Type		Specimen Signature				of Signatory
Full Names		Specimen Signature			Affix Photo of Signatory	
Athourity/Signature Type						
Full Names		Specimen Signature				Affix Photo of Signatory
Athourity/Signature Type		-				or signatory
						Secretary's Signature
(Bank use only) AUTHENTICATED BY (initial):				oule.		
Signatory 1		Signatory 2				
Signatory 3		Signatory 4				
Signatory 5		Signatory 6				
1						

MARI	KETING CAMPAIGN								
What initially motivated you to open a POSB account. (please tick):									
	Press	Brochure		Television		Radio		Internet	
	Outdoor/Billboard	$\overline{\Box}$							
	Referral	Full Name	of Referrer						
	Other	<u> </u>		specify					
SECTI	ON 8 BASIC DOCUMENTS REQUI	RED OF ACCOUNT	HOLDER (†	nis list may change from	time t	o time and i	s not exhau	istive)	
GENE	ERAL (required for all legal entitie	<u>(s)</u>							
	ID document/passport of relat	ted parties							
	Acceptable physical business owned	address verification	on docume	ent and/or head office a	ıddres	s verificatior	n documen [.]	t if foreign cor	npany
	Power of attorney/Mandate/R	Resolution/Other le	egal docun	nents(if applicable)					
CLOS	E CORPORATION								
	Founding statement, amende document)	d founding stater	nent for ver	ification of registered no	ame, r	number and	address (al	so verification	1
	Certificate of incorporation (if	not incorporated	in founding	g statement)		Constitution	on (Where c	applicable)	
СОМ	PANY								
	Certificate of incorporation (a	lso verification do	cument)						
Ш	Certificate of registration (requ	uired for insurance	e/ societies)	1					
닏	Memorandum of association								
닏	Appointment of auditors								
Ш	Articles of association								
Ш	Proof of listing (required only for a listed company) (also verification document)								
Ш	Certificate to commence business								
Ш	Group structure (if wholly own	ed subsidiary of lis	ted compo	any)					
	Certificate of change of name (if applicable)								
	Consent to act as a director or officer								
	Notice of registered office and postal address of company								
	Contents of register of directors, auditors and officers (also verification document)								
	Acceptable physical business and trade name verification document(s) (also verification document)								
Constitution (where available)									
INFO	RMAL BODY/BODY CORPORATE								
Ш	Constitution/other founding de	ocument (if applic	cable (also	verification document)	\square	Other cer	tificates		
Ш	Minutes of the meeting or Rules of the body corporate								
TRUSTS/FOREIGN TRUSTS/ATTORNEY TRUST									
	Trust deed/ foreign trust deed (to verify name and number of trust and particulars of beneficiaries of the trust)								
	Letter of authority (to verify address of the master of the high court and the particulars of the trustees)								
닏	Official document issued by the authority in the country where the trust was created (foreign trusts)								
	Fidelity fund certificate								
ESTAT	E LATE/INSOLVENT ESTATE/IN LIQ	UIDATION							
	Master's letter of executorship	/Certificate of ap	pointment			Order of a	opointment	as liquidator	
	Death certificate (only applica	able to estate late	e)			Deed and receiver	notice of a	ppointment o	f

SECTION 9 APPROVAL (for bank use only)						
Business address and/or trade name (s) verified	Premises visited					
Premises verification undertaken by:	Signature:					
TRADE REFERENCES, BANK REPORTS/STATEMENTS						
Completed by:	Checked by:					
Customer information correctly updated:						
Captured by:	Checked by:					