



DCS Corporate Customer Update Form

Details of Company ("Card Member")

Company Name (as per ACRA)		Company ROC / UEN No	
		Date of Incorporation (dd/mm/yyyy)	
Registered Address (as per ACRA)			
Mailing Address			
<input type="checkbox"/> Same as Registered Address			
Details of Authorised Program Administrator (For verification purposes)			
Full Name of Program Administrator (as per NRIC)		NRIC No	
Designation		Date of Birth (dd/mm/yyyy)	
Singapore Contact Number(s)			
Office Phone			
Mobile Phone			
Email Address			
Update Bank Details			
Company Principal Bank		Bank Branch	
Bank Account No.			
Update Wallet Details (only self-custodian wallet address accepted)			
Please note that a wallet ownership test will be conducted.			
Wallet address			

Notes

- 1) DCS will require a certified true copy of NRIC for Program Administrator who is a non-authorized signatory for identification purposes.
- 2) I/we understand:
 - a) The information provided above shall supersede all records(s) of contact details.
 - b) The new mobile number (only Singapore registered numbers) and email address provided here will be used for communication purposes and to receive notifications, alerts, One-Time Password (OTP), monthly Statements of Accounts (SOA) and wallet address verification.
 - c) For central billing, a single consolidated SOA comprising all of cardholder's transactions will be sent to the registered address of your company.



Details of Existing Card User (one form for each user)

Full Name of Program Administrator (as per NRIC)	NRIC No																			
	Date of Birth (dd/mm/yyyy)																			
Designation																				
Preferred Embossed Name (19 characters)																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><i>To minimise the decline of card usage by merchants in cases where proof of identification is required, DCS encourages every Cardmember to emboss the card with their respective legal name. If the card is embossed with your preferred name and is declined by any merchant, DCS shall not be responsible for such inconvenience caused or damages whatsoever.</i></p>																				
Residential Address (as per NRIC)																				
Mailing Address																				
<input type="checkbox"/> Same as Residential Address																				
Singapore Contact Number(s)																				
Home Phone																				
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Mobile Phone																				
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Email Address																				

Notes

- 1) DCS will require an updated certified true copy of NRIC for updates to existing Card User Details.
- 2) To provide a copy of this form for each Card User.
- 3) I/we understand:
 - a) The information provided above shall supersede all records(s) of contact details.
 - b) The new mobile number (only Singapore registered numbers) and email address provided here will be used for communication purposes and to receive notifications, alerts, One-Time Password (OTP) and monthly Statements of Accounts (SOA).
 - c) For central billing, a single consolidated SOA comprising all of cardholder's transactions will be sent to the registered address of your company.



By completing and submitting this form, I/we hereby warrant that the information given herein are true and correct and acknowledge that DCS Card Centre will update my records with the details that I/we have provided. I/we have read and understood the notification and purpose of this form; and consent to the collection, use and disclosure of my personal data by DCS Card Centre Pte. Ltd. for the purposes set out in this form and the Privacy Policy by visiting www.dcsc.com.

Authorised Persons / Authorised Signatory Signature (based on Mandate or Board Resolution signing condition(s))

Authorised Persons / Authorised Signatory Name: NRIC Number: Date:	Authorised Persons / Authorised Signatory Name: NRIC Number: Date:

Authorised Persons / Authorised Signatory Name: NRIC Number: Date:	Authorised Persons / Authorised Signatory Name: NRIC Number: Date: