SANCTIONS CERTIFICATION FORM

l,	, in my capacity as the
Name of Person	, in my capacity as the Title hereby certify that (select one option):
ofName of Company	, hereby certify that (select one option):
(A) the account(s) / relationship(s) that our company n	naintains with DBS Bank will not be used in any manner whatsoever,
whether directly or indirectly, in connection with any project	s, contracts or transactions relating to a Sanctioned Country,
Sanctioned Person or Sanctioned Entity.*	
(B) the account(s) / relationship(s) that our company r	naintains with DBS Bank will be used in connection with a project(s),
contract(s) or transaction(s) relating to a Sanctioned Country	, Sanctioned Person or Sanctioned Entity.* An explanation is provided
below:	
Details to be provided if option (B) is chosen:	
	_
	Signature (To be signed by an authorised signatory)
	Name:
	Designation:
	Date:

^{*} Sanctioned Countries include North Korea (also known as the Democratic People's Republic of Korea), Iran, Syria, Cuba, Sudan, South Sudan, Myanmar (also known as Burma), Iraq, Somalia, Afghanistan, Belarus, Lebanon, Republic of Guinea, Democratic Republic of the Congo, Eritrea, Libya and Zimbabwe.
This list is subject to change.

^{*} A Sanctioned Person or Sanctioned Entity includes any person or entity designated for sanctions reasons by the United Nations Security Council, the Monetary Authority of Singapore, the European Union, the United States (including but not limited to the Specially Designated Nationals ('SDN') List or Executive Order 13224) or other local regulators.

ANNEXURE 1

Lustomer Identification Account number			
With respect to the amendments to the Prevention of Money-laundering (Maintenance of Records) Rules, 2005 issued by the Ministry of Finance in consultation with the Reserve Bank of India on 01 June, 2017, the following details need to be provided during account opening. Please fill only in CAPITAL LETTERS.			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
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Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
PAN No. Date of Birth DDMMYYYYY			
Name (as in Aadhaar)			
Aadhaar Applied for			
1. For any individual, in case DAN is not applicable, please provide FORMED along with a copy of an original verification document			

- 1. For any individual, in case PAN is not applicable, please provide FORM60 along with a copy of an original verification document 2. For any individual, in case aadhaar is not applicable, please provide declaration (annexure 2) along with a copy of an original verification document
- 3. As per the amendments to the Prevention of Money-laundering (Maintenance of Records) Rules, 2005, if these details are applicable but, are not provided, the account will be frozen

I/We authorize DBS Bank to obtain Aadhaar number for authentication with UIDAI and shall not be used for any purpose other than mentioned above, or as per requirements of law.

Name	Name
Date	Date
Signature	Signature

ANNEXURE 2

Customer Identification	Account number _	
With respect to the amendments to the Pre Ministry of Finance in consultation with the during account opening if aadhaar is not a	Reserve Bank of India on 01 June, 2017	ance of Records) Rules, 2005 issued by the 7, the following details need to be provided
I	declare that I am not eligible to obtain	aadhaar card as per the Aadhaar Act, 2016.
I have attached my original verification doc	ument (_) herewith.
Name		
Date Signature		

ANNEXURE 3 - AUTHORITY TO SEND STATEMENTS THROUGH EMAIL

	wish to receive statement of accounts relating
	as e-statements on the registered email IDs as listed the e-statements on the below registered email IDs.
below. We hereby authorise you (DBS Bank) to sent	the e-statements on the below registered email IDs.
1	
2	
3	
4	
5	
	we will be communicated to you in writing signed by the persons authorised mandate / board resolution/letter of authority. All the terms and conditions of changes.
	e medium of communication and we are aware of the possible risks rmation via email. We accept and acknowledge that the Bank does not itent of the email messages and its attachments.
loss, damage, costs and expenses including consequ	against, and to save you harmless from all actions, proceedings, claims, uential losses / damages which may be brought against you and which r in connection with your sending the e-statements to us through email.
For	For
(Authorised Signatory)	(Authorised Signatory)
Name:	Name:
Designation:	Designation:

Please write to businesscarein@dbs.com or your Relationship Manager if you would like to receive physical statement of accounts.