

# File Exchange Request Rejection Reasons



Please refer to the table below for form rejection code(s) and reason(s)

| IDEAL Maintenance form Request    | Rejection Code | Rejection Reason   |
|-----------------------------------|----------------|--|
|                                   | ID1            | IDEAL Approver not according to Mandate  |
|                                   | ID2            | Incomplete Documents   |
|                                   | ID3            | Incomplete mandatory set-up data   |
|                                   | ID4            | Incorrect Form version / type / purpose  |
|                                   | ID5            | Unable to identify and verify IDEAL Approver / Administrator   |
|                                   | ID6            | Others   |
|                                   | ID7            | Your request for Change of Mandate is completed, however IDEAL Approver not according to Mandate   |
|                                   | ID8            | Your request for Change of Mandate is completed, however there are incomplete IDEAL documents submitted                                    |
|                                   | ID9            | Your request for Change of Mandate is completed, however there are incomplete mandatory set-up data required for IDEAL maintenance         |
|                                   | ID10           | Your request for Change of Mandate is completed, however there are incorrect Form version / type / purpose for IDEAL maintenance           |
|                                   | ID11           | Your request for Change of Mandate is completed, however we are unable to identify & verify IDEAL Approver / Administrator                 |
|                                   | ID12           | Please provide company name & OrgID on form & resubmit.  |
|                                   | ID13           | Please provide all mandatory setup data such as full user details, email address &/or mobile no.   |
|                                   | ID14           | Please provide all applicable documents eg latest EBBR &/or ID &/or PORA documents for Transaction Authorisers to be added.                |
|                                   | ID15           | Please submit form in its entirety.  |
|                                   | ID16           | Please submit documents together with applicable IDEAL form  |
|                                   | ID17           | Your request has been partially completed except for Loan. Please re-submit Loan request with mandatory set-up data & applicable document. |
|                                   | ID18           | Original document / form has to be submitted. You can mail-in or submit at any DBS Bank Branch.  |
| Change of Account Mandate Request | Rejection Code | Rejection Reason   |
|                                   | C1             | Indicate the entity name on the Form/Resolution/Minutes of Meeting as per our Bank's records.  |
|                                   | C2             | Amend the account number(s) to be updated as the signing mandate differs across accounts.  |
|                                   | C3             | Ensure the account number(s) indicated on the Form and Resolution are the same.  |
|                                   | C4             | Ensure the account number(s) indicated on the Form and Minutes of Meeting are the same.  |
|                                   | C5             | Provide all account number(s) to be updated under Section 1 of the Form/Resolution.  |

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|  | C6  | Provide all account number(s) to be updated under Section 1 of the Form/Minutes of Meeting.  |
|  | C7  | Provide groupings for signing requirement and positions held for all existing and new signatories, in compliance with the Constitution.  |
|  | C8  | Provide groupings for all existing and new signatories.  |
|  | C9  | Ensure the authorised signatory(s) to be added/deleted are the same across the Form and Resolution as there are discrepancies.   |
|  | C10 | Ensure the authorised signatory(s) to be added/deleted are the same across the Form and Minutes of Meeting as there are discrepancies.   |
|  | C11 | Indicate the signatory(s) to be deleted on the Form/Resolution as there are existing signatories in our Bank's records which are not deleted.  |
|  | C12 | Indicate the signatory(s) to be deleted on the Form/Minutes of Meeting as there are existing signatories in our Bank's records which are not deleted.  |
|  | C13 | Arrange for a DBS/POSB bank staff/Notary Public to verify the specimen signature of the new signatory(s).  |
|  | C14 | Provide specimen signature(s) of the new authorised signatory(s) on the signature card, certified by 2 Directors or 1 Director and Company Secretary or verified by a DBS/POSB bank staff/Notary Public. |
|  | C15 | Provide specimen signature(s) of the new authorised signatory(s) on the signature card, certified by any 2 of Chairman/Secretary/Treasurer or verified by a DBS/POSB bank staff/Notary Public.           |
|  | C16 | Ensure the signature requirement is the same on the Form and Resolution.   |
|  | C17 | Ensure the signature requirement is the same on the Form and Minutes of Meeting.   |
|  | C18 | Amend the signature requirement as it does not comply with the latest Constitution.  |
|  | C19 | Revise the signature requirement as it is ambiguous.   |
|  | C20 | Complete the signature requirement under Section 5 of the Form.  |
|  | C21 | Revise the signature requirement as there is a gap in the dollar amount.   |
|  | C22 | Indicate the number of signatory(s) required from each group for the signature requirement (e.g. <u>1</u> A+ <u>2</u> B).  |
|  | C23 | Ensure the currency indicated for signature requirements are the same on the Form and Resolution.  |
|  | C24 | Indicate a new signature requirement following the deletion of signatory(s) as there is/are insufficient signatory(s) to fulfil the signature requirement.   |
|  | C25 | Indicate a new signature requirement (e.g. any one/any two jointly) following the addition of signatory(s) as the existing signature requirement is no longer valid.                                     |
|  | C26 | Arrange for the Director/Company Secretary's signature to be verified by a DBS/POSB bank staff/Notary Public so that we can ascertain its authenticity.  |
|  | C27 | Arrange for the Chairman/Secretary/Treasurer's signature to be verified by a DBS/POSB bank staff/Notary Public so that we can ascertain its authenticity.  |

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|  | C28 | Arrange for the Authorised Person's signature to be verified by a DBS/POSB bank staff/Notary Public as it differs from our Bank's records.  |
|  | C29 | Arrange for the Director/Company Secretary's signature to be verified by a DBS/POSB bank staff/Notary Public as it differs from our Bank's records.   |
|  | C30 | Arrange for the Chairman/Secretary/Treasurer's signature to be verified by a DBS/POSB bank staff/Notary Public as it differs from our Bank's records.   |
|  | C31 | Indicate the date on the Form/Resolution.   |
|  | C32 | Indicate the date on the Form/Minutes of Meeting.   |
|  | C33 | Provide a Form/Resolution, signed by 2 Directors or 1 Director and Company Secretary. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.   |
|  | C34 | Arrange for the Form/Resolution to be signed by 2 Directors or 1 Director and Company Secretary. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.  |
|  | C35 | Arrange for the Form/Minutes of Meeting to be signed by 2 existing/outgoing or 1 existing/outgoing and 1 incoming Chairman/Secretary/Treasurer with different positions. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.  |
|  | C36 | Arrange for the Form to be signed by the authorised signatory(s) with the highest authorisation limit. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.  |
|  | C37 | Submit all pages of the Form.   |
|  | C38 | Provide a copy of NRIC / Passport of the new signatory(s), certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. The certifying party cannot be the NRIC / Passport holder himself / herself. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.            |
|  | C39 | Arrange for the copy of NRIC / Passport of the new signatory(s) to be certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. The certifying party cannot be the NRIC / Passport holder himself / herself. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified. |
|  | C40 | Provide a copy of NRIC / Passport of the new signatory(s), certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk   |

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|  |     | country/jurisdiction. The certifying party cannot be the NRIC / Passport holder himself / herself. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.   |
|  | C41 | Provide certified true copies of proof of residential address, bearing the name and address of all new authorised signatories in English. Please note that it has to be dated within the last 3 months and certified by DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction (the certifying party cannot certify his / her own proof of residential address). Examples: Utility / Phone Bill, Bank Statement / Government Correspondence. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified. |
|  | C42 | Arrange for the certified true copies of proof of residential address, bearing the name and address of all new authorised signatories in English to be certified by DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction (the certifying party cannot certify his / her own proof of residential address). Examples: Utility / Phone Bill, Bank Statement / Government Correspondence. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.   |
|  | C43 | Provide a copy of the latest Constitution, certified by the Chairman/Secretary. Please ensure the signature requirement complies with the Constitution   |
|  | C44 | Provide a copy of NRIC / Passport of the Liquidator, certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. The certifying party cannot be the NRIC / Passport holder himself / herself. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.   |
|  | C45 | Arrange for a DBS/POSB bank staff/Notary Public to verify the Liquidator's signature on the instruction letter.  |
|  | C46 | Submit a Special Resolution from the entity winding up, resolving the liquidation and appointment of Liquidator, certified by the Liquidator.  |
|  | C47 | Provide a Court Order ordering the entity's winding up and appointment of Liquidator, certified by the Liquidator.   |
|  | C48 | Provide an Instruction Letter to update entity name, mailing address and change in mandate, signed by the Liquidator(s). Please ensure the   |

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|  |     | signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.   |
|  | C49 | Arrange for the Liquidator's certification to be on all supporting documents.   |
|  | C50 | Provide an Instruction Letter signed by all Partners as per ACRA records. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public.   |
|  | C51 | Arrange for all partners as per ACRA records to sign on the Form/Instruction Letter.  |
|  | C52 | Provide a latest copy of Power of Attorney document, certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.   |
|  | C53 | Arrange for a DBS/POSB bank staff/Notary Public to verify the Power of Attorney's signature.  |
|  | C54 | Provide an Instruction Letter, signed by the Power of Attorney.   |
|  | C55 | Provide a copy of the Certificate of Incumbency issued by a registered agent or latest Register of Directors issued by a recognized independent party, certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified. |
|  | C56 | Arrange for another Director as listed in the Certificate of Incumbency to sign on the Form/Resolution.   |
|  | C57 | Arrange for the Sole Proprietor as per ACRA records to sign on the Form/Instruction Letter.   |
|  | C58 | Arrange for the company to execute a Form/Resolution on behalf of the Sole Proprietorship.  |
|  | C59 | Ensure all non-English language documents are translated into English by an official translator, with an official seal affixed and certified by a DBS / POSB bank staff / suitable certifier in a non-high AML risk country/jurisdiction. Please indicate Name and Signature of certifier, Occupation/Title of certifier, Name of certifier's Firm/Company, Country of practice of certifier, Professional Registration/ID number of the certifier (optional and where applicable) and date of documents being certified.                     |
|  | C60 | IDEAL Approver not according to Mandate   |
|  | C61 | Please provide the specimen signature(s) of the new authorised signatory(s) on the Form.  |
|  | C62 | Please indicate the base currency for a Multi-Currency Account  |

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|  | C63 | Please provide maximum authorisation amount for your signature requirement and who will be able to operate for this maximum amount.   |
|  | C64 | Please arrange for the POA document to be signed off by the existing Power-of-Attorney. Please ensure the signatures are in accordance with our Bank's records or arrange for them to be verified by a DBS/POSB bank staff/Notary Public. |
|  | C65 | Others  |

For further queries, please contact DBS BusinessCare.