

Nomination of MEPS+ Liaison Officers

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Name of Institution: _____

MEPS+ Participant Live BIC

Mailing Address of
MEPS+ Ops Team: _____

All fields and checklist are MANDATORY. Forms with any incomplete fields or checklist will be rejected.

MEPS+ Liaison Officer (Primary)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	
MEPS+ Liaison Officer (Secondary)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	
MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	
MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	
MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	

Please go through below requirements carefully and tick all check boxes to confirm your understanding:

- ☐ I hereby declare that the nominated MEPS+ Liaison Officers are senior officials (e.g. Head of Operations), appointed pursuant to paragraph 6.1 of the MEPS+ Service Agreement, whom MAS may communicate at any time on any matter related to the operation or the provisions of MEPS+ services.
- ☐ I have attached a copy of my organisation chart (showing each MEPS+ Liaison Officers' line of reporting to CEO) with this form.
- ☐ I have nominated a minimum of 2 Liaison Officers. (Note that up to 5 Liaison Officers may be nominated)
- ☐ We will arrange for this form to be endorsed by the authorised signatories for the purpose of operating the Current Account maintained with MAS.
- ☐ I am aware that all nominations in this form will supersede all of my current MEPS+ Liaison Officers that are on MAS' record.

Kindly submit a softcopy of the completed form with the organisation chart to MEPS@mas.gov.sg.

Name of Authorised Signatory(ies)

Email Address of Authorised Signatory (ies)¹

Authorised Signature(s)

¹ For the purpose of verifying the nomination request.