

## CORPORATE GROUP MANAGEMENT ONLINE BUSINESS BANKING

## **Application/Amendment Form for Holding Companies**

NB: This form is to be read and completed in conjunction with, and subject to, the BSP Online Business Banking Terms and Conditions, Certain words and phrases in this form, usually beginning with capital letters, are defined terms. Please refer to Clause 2 of the BSP Online Business Banking Terms and Conditions to see what they mean. You should not submit this form to us if there is anything in it or in the BSP Online Business Banking Terms and Conditions which you do not understand.

When completing this form, please print in BLOCK CAPITALS using a blue or black ball point pen.

SECTION A: DETAILS OF HOLDING COMPANY	
Registered name of the Holding company:	
Trading Name:	
Business or Company Registration Number:	IPA Number:
SECTION B. DECLIEST FOR ACCESS TO SUBSIDIADY	

The Holding Company named above (Holding Company) hereby requests BSP to grant it the right to appoint Master Users and Delegated Users with the power to access and operate all Accounts of the Subsidiary com panies referred to below using BSP OBB.

Subsidiary Company Name	Subsidiary Company Trading Name	Investment Promotion Authority (IPA) Number

Note: If you need to include more Subsidiary Companies, please copy or reprint this section as required and attach the page/s to this Form.

## **SECTION C: CUSTOMER DECLARATION**

The undersigned director(s) and, if applicable, company secretary hereby acknowledge, warrant and agree that:

- they have read and understood the BSP Online Business Banking Terms and Conditions and the BSP Electronic Banking Terms and Conditions (collectively, Terms and Conditions) and that the Holding Company agrees to be bound by all of them in its use of BSP OBB; and
- this form has been completed, signed and lodged by them pursuant to a valid resolution passed in accordance with the Company's Holding Rules (a true copy of which resolution is enclosed herewith).

Without limiting anything in the Terms and Conditions, the Holding Company hereby acknowledges, warrants and agrees that:

- it will ensure that any and all Users it appoints either directly itself or indirectly through Master Users to use BSP OBB will comply with the Terms and Conditions as it they were bound by them personally;
- any and all Users it appoints either directly itself or indirectly through Master Users are its lawful agents for the purposes of their use of BSP OBB and that it is liable for, and fully indemnifies BSP in respect of, such

use, including for any loss or damage claimed or suffered by the Holding Company, its Holding Companies, its Subsidiaries and any third parties as a result of, or in connection with, that use;

- available funds permitting, and subject to the authority levels and permitted functions of Delegated
  Users, each day BSP will allow Users appointed to Accounts of the Subsidiaries named in Section 8 to
  effect transactions up to the Daily Global Limit for each Account;
- amendments to, or cancellation of, any other account signing or operation authorities will not affect the
  authority or authorities granted for BSP OBB in this form which will continue in full force and effect until
  specifically amended or cancelled in writing; and

the contents of this form are	true and correct in every particular.	
Signatory 1:		
Position (e.g Director, Secretary):	Dat	e:
Full Name:	Sign	nature:
Signatory 2:		
Position (e.g Director, Secretary):	Date	e:
Full Name:	Sigr	nature:
Signatory 3:		
Position (e.g Director, Secretary):	Dati	e:
Full Name:	Sigr	nature:
The common seal of:	(Clie	ent)
the Company shall be affixed.	gned proper officers of the said company, by v	whom and in whose presence the seal of
Director:		
Full Name:	Date:	Signature:
Director:		
Full Name:	Date:	Signature:
2/2 Corporate Group Management Online Business	anking - Holding Companies Form	
OFFICE USE ONLY		
Is the form completed correctly?	No Are the signatories verified? Yes	No
Customer CIF:		
Officer Staff Number:	Signature of Verifying Officer:	Date:/
	Signature of Branch/ Relationship Manager:	Date://
Actioning Officer:	Signature:	Date://

Signature:

Date:...../...../.....

Checking Officer: