

Standard Chartered Master Services Application Form

Service Location: _____

Date:¹ _____

- Bank Member:²
- Standard Chartered Bank
 - Banco Standard Chartered Bank Peru, S.A.
 - Standard Chartered Bank Botswana Limited
 - Standard Chartered Bank Cameroon SA
 - Standard Chartered Bank (China) Limited
渣打銀行（中国）有限公司
 - Standard Chartered Bank Cote d'Ivoire SA
 - Standard Chartered Bank Gambia Limited
 - Standard Chartered Bank Ghana Limited
 - Standard Chartered Bank Kenya Limited
 - Standard Chartered Bank (Hong Kong) Limited
渣打銀行（香港）有限公司
 - Standard Chartered Bank Malaysia Berhad
 - Standard Chartered Bank (Mauritius) Limited
 - Standard Chartered Bank Nepal Ltd
 - Standard Chartered Bank Nigeria Limited
 - Standard Chartered Bank (Pakistan) Limited
 - Standard Chartered Bank Sierra Leone Limited
 - Standard Chartered Bank (Taiwan) Limited
渣打國際商業銀行股份有限公司
 - Standard Chartered Bank Tanzania Limited
 - Standard Chartered Bank (Thai) Public Company Limited
 - Standard Chartered Bank Uganda Limited
 - Standard Chartered Bank Zambia Plc
 - Standard Chartered Bank Zimbabwe Limited

General

1. This is the Master Services Application Form referred to in the Master Services Agreement. The terms defined and construed in the Master Services Agreement shall bear the same meaning or construction when used in this form.
2. You confirm that You have been supplied with a copy of the Master Services Agreement, Standard Terms, relevant Country Supplement, relevant Service Supplement(s) and other relevant documents comprising the Agreement.³
3. Each of You acknowledges that the Schedule of Clients form an integral part of the Master Services Application Form.
4. This Master Services Application Form may be executed in any number of counterparts, and this has the same effect as if the signatures on the counterparts were on a single copy of the Master Services Application Form.

¹ The effective date of the Agreement shall be the date above written.

² Tick the applicable SCB legal entity providing the Service(s) in the Service Location. Tick one box only per application form. In the case of Malaysia, tick Standard Chartered Bank Malaysia Berhad if Services will be provided in Malaysia (excluding Labuan Offshore) and tick Standard Chartered Bank if Services will be provided in Labuan Offshore.

³ 'Relevant documents' include Set-Up Forms, User Guides, policy statements, addenda or supplemental agreements and/or Software Licences applicable to the service options applied for by the client.

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The Services

5. The Services are as set out below. The options available under each Service are further set out in the relevant Set-Up Form for such Service.
6. You wish to apply for the following Service(s):

I. SERVICES ⁴	
<input type="checkbox"/> Reports ⁵ <input type="checkbox"/> Payments using Straight2Bank Link <input type="checkbox"/> Payments using Straight2Bank Web <input type="checkbox"/> Payments using Straight2Bank Access <input type="checkbox"/> Collections <input type="checkbox"/> Collections using Straight 2Bank Link <input type="checkbox"/> Collections using Straight2Bank Web <input type="checkbox"/> Collections using Straight2Bank Access <input type="checkbox"/> Domestic Cash Concentration (Physical Sweeping) <input type="checkbox"/> Domestic Notional Aggregation <input type="checkbox"/> Domestic Notional Pooling <input type="checkbox"/> Cross-border Cash Concentration (Physical Sweeping) <input type="checkbox"/> Cross-border Notional Aggregation	<input type="checkbox"/> Continuous Linked Settlement (CLS) <input type="checkbox"/> Trade Banking using Straight2Bank Link <input type="checkbox"/> Trade Banking using Straight2Bank Web <input type="checkbox"/> Document Manager <input type="checkbox"/> SWIFT SCORE <input type="checkbox"/> SWIFT MA-CUG <input type="checkbox"/> Open Account Finance <input type="checkbox"/> Custody-Online <input type="checkbox"/> Online Treasury (OLT) <input type="checkbox"/> Client Account Services (CAS)
II. ADDITIONAL CHANNEL ⁶	
<input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Courier <input type="checkbox"/> Others _____ (Please specify)

III. MULTI-FACTOR AUTHENTICATION (FOR STRAIGHT2BANK WEB) ⁷
<input type="checkbox"/> Yes, for log-on only ⁸ <input type="checkbox"/> Yes, for log-on & transaction initiation ⁹ <input type="checkbox"/> Yes, for transaction initiation only
SPECIAL INSTRUCTIONS
(State Nil if none.)

This Master Services Application Form consists of _____ pages (inclusive of the Schedule of Clients)¹⁰.

⁴ Client to indicate choice of one or more Services AND complete the relevant Set-Up Form(s) for the indicated Service(s).
⁵ OLT clients using Multi-factor Authentication to access Straight2Bank Web MUST tick the FIRST box under Section III.
⁶ Client to complete the relevant Set-Up Form(s) for any additional Channels through which client wishes to receive its Reports or other communications.
⁷ All clients using Straight2Bank Web MUST indicate their choice under Section III on Multi-factor Authentication. Section III does not apply to OLT clients NOT using Multi-factor Authentication to access Straight2Bank Web.
⁸ OLT clients using Multi-factor Authentication to access Straight2Bank Web MUST tick the FIRST box under Section III.
⁹ Clients with Singapore-based Users or USA-based Accounts MUST use Multi-factor Authentication to access Straight2Bank Web – these clients MUST tick the SECOND box under Section III. For other Straight2Bank Web clients (other than OLT clients), they must tick EITHER the SECOND or THIRD box under Section III.
¹⁰ To be completed by SCB.

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Schedule of Clients

You confirm that You have read and accept the terms and conditions of this Master Services Application Form and the Agreement and warrant that Your respective signatory(ies) below are duly authorised by You to execute this Master Services Application Form to enter into the Agreement on Your behalf¹¹.

NO.	AGENT ¹² (<input type="checkbox"/> NOT APPLICABLE) ¹³	FOR CHARGES – DEBIT ACCOUNT
	Name:	
	Address:	
	Contact person(s):	
	Tel: _____ Fax: _____	
	Special instructions: <input type="checkbox"/> Agent is not a client	
	Signed for and on behalf of the Agent¹⁴:	
	Signature of authorised signatory : _____	
	Name: _____	
	Designation: _____	
	Date: _____	
NO.	CLIENT	FOR CHARGES – DEBIT ACCOUNT
	Name:	
	Address:	
	Contact person(s):	
	Tel: _____ Fax: _____	
	Special instructions:	
	Signed for and on behalf of the client named in this section¹⁵:	
	Signature of authorised signatory: _____	
	Name: _____	
	Designation: _____	
	Date: _____	
	Signed for and on behalf of the Bank Member:	
	Signature of Bank Member's authorised signatory: _____	
	Name: _____	
	Designation: _____	
	Date: _____	

¹¹The Agent (if any) must complete the "Agent" section above. Each client (or the Agent if authorised by the client) must complete its own "Client" section. To use "Schedule of Clients – Continuation Page" if more than one client.

¹² The Agent (if any) to provide evidence satisfactory to SCB of the Agent's appointment and due authorisation by each client it purports to represent.

¹³ If only one client, tick the box and complete only the "Client" section.

¹⁴ Each authorised signatory of the Agent to provide evidence satisfactory to SCB of his/her due authorisation by the Agent.

¹⁵ Each authorised signatory (including the authorised signatory of an Agent) to provide evidence satisfactory to SCB of his/her due authorisation by the client, or by the client and the Agent, as the case may be.

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Master Services Application Form

Schedule of Clients (continued)

You confirm that You have read and accept the terms and conditions of this Master Services Application Form and the Agreement and warrant that Your respective signatory(ies) below are duly authorised by You to execute this Master Services Application Form to enter into the Agreement on Your behalf¹⁷.

NO.	CLIENT	FOR CHARGES – DEBIT ACCOUNT
	Name:	
	Address:	
	Contact person(s):	
	Tel: _____ Fax: _____	
	Special instructions:	
	Signed for and on behalf of the client named in this section¹⁸:	
	Signature of authorised signatory : _____	
	Name: _____	
	Designation: _____	
	Date: _____	

NO.	CLIENT	FOR CHARGES – DEBIT ACCOUNT
	Name:	
	Address:	
	Contact person(s):	
	Tel: _____ Fax: _____	
	Special instructions:	
	Signed for and on behalf of the client named in this section¹⁹:	
	Signature of authorised signatory: _____	
	Name: _____	
	Designation: _____	
	Date: _____	

¹⁶ To be completed by SCB.

¹⁷ Each client (or the Agent if authorised by the client) must complete its own "Client" section.

¹⁸ Each authorised signatory (including the authorised signatory of an Agent) to provide evidence satisfactory to SCB of his/her due authorisation by the client, or by the client and the Agent, as the case may be.

¹⁹ See footnote immediately above.

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