

Annex D-D

Singapore Deposit Insurance Corporation Ltd

Deposit Insurance (DI) Scheme

Notification of Authorised Representative Form



**Deposit Insurance (DI) Scheme
Notification of Authorised Representative Form**

The following are our Primary Authorised Representatives and Secondary Authorised Representatives with effect from <date> for the purpose of SDIC Rule D20:

Primary Authorised Representative (mandatory)				
S/No	Salutation and Name	Designation	Tel	Email Address
1				
2				
Secondary Authorised Representative (optional)				
1				
2				
3				
4				

Name:

Designation: <Refer to any C-suite officer or an equivalent officer of the organisation>

Organisation:

Date:

Notes:

- Please appoint 2 Primary Authorised Representatives (mandatory) and up to 4 Secondary Authorised Representatives (optional).
- The Primary Authorised Representative will be given the view and edit access rights to SDIC's Scheme member secured area.
- The Secondary Authorised Representatives will be given the view only access rights.