

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 D23:

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.