

SINGX F2F VERIFICATION FORM – WORK PERMIT HOLDERS

Customer Name:		Customer email:	
Mobile:		FIN:	
Background			
Occupation and Rank:		Annual Income:	
Expected Transfer Activity			
Annual Remittance Amount			
Purpose of Transfer			
Current Remittance Provider			
<p><u>Customer Declaration</u> I warrant that the declared information is true and correct and by submitting this form, I request that an Account be set up for me. I understand that failure to provide information may prevent processing of this application and result in a cancellation of my application. I confirm that I have read the Terms and conditions and agree to be bound by the same. I authorise you and your affiliates to use information about me, including information regarding my transaction history for administrative purposes and to share such information with each other as detailed out at www.singx.co/Authorisation.html I understand that SingX Pte Ltd may decline this application at its sole discretion without giving any reason and without entering into any correspondence. Protecting your personal information is very important to SingX and is subject to the SingX privacy policy. Your account information collected is for the purpose of creating a Sender/ Receiver account on the SingX platform, so that you can create transactions at your convenience. Any transactions on the SingX platform are subject to the terms of use provided on the SingX platform. SingX will not use this information for any other purpose. You hereby authorise SingX to use the information provided on the forms to create a Sender/Receiver Account on the SingX Platform. SingX shall not be responsible for any errors which may result in incorporating the information provided in the forms to the SingX platform save in the instance of fraud. <input type="checkbox"/> I consent to receiving marketing offers and promotions from SingX <input type="checkbox"/> I have read and agreed to the Authorisation, Privacy Policy and Terms of use found at www.singx.co/Consent.html</p>			
_____		_____	
Customer Signature		Date	
OPTIONAL DETAILS:			
Sender Account Details			
Name of Account Holder		Bank Name:	
Bank Name		Account Number:	
Receiver Account Details			
Receiver Country & Currency		<input type="checkbox"/> India (INR) <input type="checkbox"/> Bangladesh (BDT)	
Receiver Name			
Receiver Address			
Relationship with Sender			
Select if you are transferring to a bank account or E-wallet:			
<input type="checkbox"/> Bank Account		<input type="checkbox"/> E-wallet (Bangladesh only)	
Receiver Bank Name: _____ Receiver Account Number: _____ Bank Branch Name (Bangladesh only): _____ IFSC Code (India only): _____ Select Receiver Account Type (India only): <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		E-wallet Name: Bangladesh Bkash Receiver Account Number: _____	
FOR INTERNAL USE ONLY			
Agent Name:		Agent Code:	
Verification Place:		Verification Time:	
Agent Signature:			