

Nomination of MEPS+ Liaison Officers

Name of Financial Institution (FI): _____

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MEPS+ Participant Live BIC Code

Mailing Address of FI's MEPS+ Ops Team: _____

D	D	M	M	Y	Y	Y	Y

Date of Request

All fields and checklist are MANDATORY. Forms with any incomplete fields or checklist will be rejected.

MEPS+ Liaison Officer (Primary) <i>[Mandatory]</i>	Name (underline surname):		Email Address*:	
	Designation:	Office Number:	Mobile Number:	

MEPS+ Liaison Officer (Secondary) <i>[Mandatory]</i>	Name (underline surname):		Email Address*:	
	Designation:	Office Number:	Mobile Number:	

MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	

MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	

MEPS+ Liaison Officer (Alternate)	Name (underline surname):		Email Address:	
	Designation:	Office Number:	Mobile Number:	

Please go through below requirements carefully and tick all check boxes to confirm your understanding:

- ☐ I hereby declare that the nominated MEPS+ Liaison Officers are senior officials (e.g. Head of Operations), appointed pursuant to paragraph 6.1 of the MEPS+ Service Agreement, whom MAS may communicate at any time on any matter related to the operation or the provisions of MEPS+ services.
- ☐ I have attached a copy of my organisation chart (clearly showing each MEPS+ Liaison Officers' line of reporting to CEO) with this form.
- ☐ I have nominated a minimum of 2 MEPS+ Liaison Officers. (Note that up to 5 MEPS+ Liaison Officers may be nominated)
****For the appointment of **Primary** and **Secondary** MEPS+ Liaison Officers, only personal corporate email address is accepted, group email address is not allowed.***
- ☐ We will arrange for this form to be endorsed by the authorised signatories for the purpose of operating the Current Account maintained with MAS.
- ☐ I am aware that all nominations in this form will supersede all of my current MEPS+ Liaison Officers that are on MAS' record.

Kindly submit a softcopy of the completed form with the organisation chart to **MEPS@mas.gov.sg**.

To be filled up by Authorised Signatory 1 ¹		To be filled up by Authorised Signatory 2 ¹ (if any)	
Name:		Name:	
Email Address:		Email Address:	
Signature:		Signature:	
Date of Signature:		Date of Signature:	

¹ For the purpose of verifying the nomination request.