

STANDING INSTRUCTION APPLICATION FORM

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

Name (as in Bank's record)	NRIC/PP	/UEN No.
Contact Number N	Лу/Our H	IL Bank Account Number
PART 2: PAYMENT I	NSTRU	CTIONS
Beneficiary's Bank Code/SWIFT code	Account N	lo. To Be Debited
Beneficiary's Name		
Payment Amount(SGD)		· ¢ ¢
1st Payment Date	Last Pay	ment Date D D M M Y Y Y Y
Frequency of Payment (please tick one):		
□Daily (except Sat/Sun/PH) □Weekly □Monthly □	□Quart	erly □Half-Yearly □Yearly
 (c) The Bank is entitled to reject the standing instruction if my/our acc this. The Bank may also at its discretion allow the debit even if this accordingly which I/We undertake to pay. (d) If the Bank is unable to make the standing instruction deductions a standing instruction without prior notice to me/us. (e) If the date of payment falls on a non-business day, it will be paid of Friday, excluding public holidays for interbank payments, and Mor Bank accounts. (f) I/We acknowledge that any amendment of cancellation of the instruction will liquidation until notifice of such even on the revocation of this instruction, thing which the Bank may do in reliance on this instruction and an acting upon such transactions and instructions. I/We further agree against any consequences, claims, actions, proceedings, costs, e basis), loss or damages whatsoever that may arise or be incurred acting on the written instructions given by me/us herein. I/We furth respect of any error or omissions in the above payment (s). My/Our Stamp/Signature(s)/Thumbprints(s)*: 	results in after 2 co on the follonday to S. ructions sill remain outtion is ril/We con by loss or eto indem expenses, or suffer	an overdraft on the account and impose charges insecutive attempts, the Bank may terminate my/our dowing business day. Business day is from Monday to aturday, excluding public holidays for payment to HL tated above should reach the Bank at least seven (7) effective notwithstanding my death/bankruptcy/eceived by the Bank. firm that the Bank shall not be held liable for any act or damage, that I/We may suffer as a result of the Bank unify the Bank and hold the Bank fully indemnified fees (including legal fees on a solicitor and own client ed by the Bank by reason of the Bank accepting and/or
PART 3: FOR FINANCIAL INSTI	TUTION	'S COMPLETION
To: BILLING ORGANISATION		
This Application is hereby REJECTED (Please tick ✓) for the	following	reason(s):
☐ Signature/thumbprint# differs from Financial Institution's reco	rds 🔲	Wrong Account Number
☐ Signature/thumbprint# incomplete/unclear#		Amendments not countersigned by customer
☐ Account operated by signature/thumbprint#		Others
Name of Approving Officer *For thumbprints, please go to branch with your identification # Please delete where applicable	ature	Date

Your SI deduction will be rejected. Hence, it is important to maintain sufficient funds in your bank account prior to the SI deduction date. Do note that the Bank may impose an administrative fee for unsuccessful SI deduction due to insufficient funds. If we are unable to make SI deductions after 2 consecutive attempts, we may terminate your SI arrangement without prior notice to you.

Have you

Ш	Filled in all the relevant fields?
	Countersigned against any alterations?

☐ Signed Part 1?

Please mail this completed form back to us. Thank you!