

**SI-02: S\$ STANDING INSTRUCTION (SI) - AMENDMENT / TERMINATION  
(For Corporates)**

To: DBS Bank – Cheque & Giro, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, Singapore 486029



• Please complete form in **BLOCK** letters using **BLUE** ink in the application parts below. • Correction fluid **NOT** allowed

**PARTICULARS OF ACCOUNT HOLDER**

Name (as in Bank's record) \_\_\_\_\_ UEN/Business Registration No. \_\_\_\_\_

My/Our \*DBS/POSB \_\_\_\_\_  
\*Saving/Current A/C No. \_\_\_\_\_ Contact No. \_\_\_\_\_

**PART 1: AMENDMENT OF PAYMENT INSTRUCTIONS**

**I/We hereby authorise DBS to amend my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the amendments to be updated. Please credit the money to the following party and debit the service charge of S\$5 (up to a maximum sum of S\$10 for multiple amendments) from my/our DBS/POSB Account number stated above.**

Existing Beneficiary's Name \_\_\_\_\_

Beneficiary Bank's SWIFT BIC \_\_\_\_\_ Beneficiary's Account No. \_\_\_\_\_

Reference No. (if any) \_\_\_\_\_

**Please complete only the field(s) that need to be amended:**

New Date of Payment

New Payment Amount \_\_\_\_\_ .

New Date of Last Payment       (Leave Blank if Last Payment Date Not Applicable)

New Last Payment Amount (if differs from payment amount) \_\_\_\_\_ .

**Note: This form is not applicable for amendment of payment frequency. Please terminate existing standing instruction and apply new standing instruction if different payment frequency is required.**

**PART 2: TERMINATION OF INSTRUCTIONS**

**I/We hereby authorise DBS to terminate my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the termination to be updated.**

Existing Beneficiary's Name \_\_\_\_\_

Beneficiary Bank's SWIFT BIC \_\_\_\_\_ Beneficiary's Account No. \_\_\_\_\_

Reference No. (if any) \_\_\_\_\_

**AGREEMENT**

**I/We will not hold DBS liable for any consequences arising out of any errors, negligence, delays or omissions with the above request.**

\_\_\_\_\_  
Authorised Signature(s)# \_\_\_\_\_ Date \_\_\_\_\_ Authorised Signature(s)# \_\_\_\_\_ Date \_\_\_\_\_

# To be signed by authorized signatories (in accordance to company/association's operating mandate and authorized signing limit) & company stamp (if applicable).

FOR BANK'S USE ONLY		
Branch	Action by Branch	Remarks/Special Instructions:
	Attended by: (Name, Signature, Date) <input type="text" value="SV"/> <input type="text" value="CS"/> IDS _____	Authorised by: (Name, Signature, Date) <input type="text" value="SV"/> <input type="text" value="CS"/> IDS _____