SI-01: APPLICATION FOR STANDING INSTRUCTIONS IN SGD (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	 Correction fluid NOT allowed

number stated above. Reference No. (if any)	UEN/Business Registration No. PART 1: PAYMENT INSTRUCTIONS wing party and debit the service charge of S\$10 per application from my DBS Action				
Please credit the money to the follo number stated above. Reference No. (if any)		count			
number stated above. Reference No. (if any)		count			
number stated above. Reference No. (if any)	wing party and debit the service charge of S\$10 per application from my DBS Ac	count			
Bonoficiany Bank's					
Beneficiary Bank's SWIFT BIC	Beneficiary's Account No.				
Beneficiary's Name					
Payment Amount (SGD \$)	• ¢ ¢				
1 st Payment Date	Payment Payment Payment	ave blank if Last ment Date is Not licable)			
Frequency of Payment (please tick		,			
□Daily (except Sun/PH) □W	eekly	□Yearly			
Date of Payment (DD)	Last Payment Amount (SGD \$) (if differs from payment amount above)	¢ ¢			
Otherwise, the first payment may of 2. If the date of payment falls on a n	nonth, your application form needs to be submitted at least 7 working days before the first nly start on the next payment cycle. on-business day, it will be paid on the following business day. Business day is from Mo vank payments, and Monday to Saturday, excluding public holidays for payment to DBS	onday to Friday,			
PART 2: CRED	TING INSTRUCTIONS (For crediting to POSB Kids Account only) number stated aboveand credit the money to this POSB Kids Account on 3 rd of th				
Please debit my/our DBS Account	number stated aboveand credit the money to this POSB Kids Account on 3 rd of tr	ie month:			
POSB Kids A/C No.					
Payment Amount (SGD \$)	• ¢ ¢				
1 st Payment Date		eave blank if Last ayment Date is Not pplicable)			
AGREEMENT We agree to be bound by your prevailing General Banking Terms and Conditions, applicable Jurisdiction Schedules and relevant Service					

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)	Authorised by: (Name, SV CS IDS_	Signature, Date)				
DBS BANK L	TD		÷				