

STANDING ORDER APPLICATION FOR OVERSEAS REMITTANCES



Applicant's Particulars		Payment Mode	
Name _____ _____		Account Type : <input type="checkbox"/> DBS Autosave <input type="checkbox"/> DBS Current <input type="checkbox"/> DBS Savings Plus <input type="checkbox"/> POSB Savings <input type="checkbox"/> DBS FCCA	
NRIC/PP No. _____		Debit DBS/POSB Account No. _____	
Contact No. (Tel/PG/HP) _____			
Payment Instruction			
Choice of Payment Mode (tick one only) :		Frequency of Payment (tick one only) :	
<input type="checkbox"/> Telegraphic Transfer (TT) <input type="checkbox"/> Demand Draft (DD)		<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly	
Payment Currency & Amount		<input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	
Payment is in foreign currency. If otherwise, state payment currency & SGD equivalent amount e.g. USD (SGD500)		<input type="checkbox"/> Others (please specify in terms of month, e.g. every 4 months)	
Payment Date (Please state the due date of the month, e.g. 10th of every month)	First Payment Date (DD/MM/YYYY) (if different from Payment Date)	Last Payment Date (DD/MM/YYYY) Note: Fill in "N.A." if there is no expiry date.	
Beneficiary Bank's Details (for TT only)			
Name _____			
Address in full _____ _____			
Country _____			
SWIFT Address (if available) _____		Clearing Code (if available) _____	
Beneficiary's Details			
Name _____		Account No _____ (For TT Only)	
Address _____ _____			
Payment Details (if applicable) _____			
Delivery Option for DD (tick one only) : Note: Charges for local and overseas posting will apply.		Parties to charge for Overseas Agent Charges :	
<input type="checkbox"/> Mail to Beneficiary <input type="checkbox"/> Mail to Beneficiary's Bank <input type="checkbox"/> Mail to Applicant		For DD : Applicant	
		For TT : <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary	
Terms and Conditions			
<p>I/We understand that the above payment will be made subject to the following conditions:</p> <p>a) The Bank shall debit my/our account for all charges, fees or other sums payable to the Bank or the Bank's agent. Please note that DBS Bank charges are solely borne by the applicant.</p> <p>b) The Bank is not obliged to effect payment if my/our account does not have sufficient funds to meet it or to meet payment of all charges, fees or other sums payable by me/us to the Bank of the Bank's agents.</p> <p>c) On the date of effecting payment, the Bank reserves the right to determine the priority of this payment order against cheque presented or any other existing arrangements made with the Bank.</p> <p>d) For remittance in foreign currency by telegraphic transfer/demand draft, the bank shall be entitled to effect currency conversion at the bank's own rate of exchange then prevailing on the date of remittance or such other appropriate date.</p> <p>e) If there are insufficient funds in the account for two successive months, the Bank may cancel this instruction without any advice to the applicant.</p> <p>f) The Bank may terminate this order at any time by notice in writing to the applicant at the last address notified to the Bank or without notice at any time after being advised by the beneficiary/beneficiaries that no further payment is required.</p> <p>g) If payment date falls on Sunday/Public Holiday, payment will be effected on the following day.</p> <p>h) This order will remain effective notwithstanding my/our death or bankruptcy/liquidation until notice of such death of bankruptcy/liquidation or the revocation of this order is received by the Bank.</p> <p>i) Any alterations and cancellations should reach the Bank at least 4 business day before the next successive payment is due.</p> <p>j) I/We agree to absolve the Bank from any liability whatsoever in respect of any error or omission in the above payments.</p>			
_____			_____
Authorised Signature(s) with Company Stamp (if applicable)			Date
For Bank Use			
Name & Signature _____		Branch _____	
Specimen No. _____		Contact No. _____	