SI-01:APPLICATION FOR STANDING INSTRUCTIONS IN SGD (Retail Customers)

• Please complete form in **BLOCK** letters using **BLUE** • Correction fluid **NOT** allowed • A/C holder must be at least 16 years old



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

PARTICULARS OF ACCOUNT HOLDERS	
Name (as in Bank's record) NRIC/PP/UEN No
My/Our *DBS/POSB *Saving/Current A/C No.	Contact No
PART 1: PAYMENT INSTRUCTIONS	
Please credit the money to the following party and debit the service charge of S\$10 per application from my DBS/POSB Account number stated above.	
Reference No. (if any)	
Beneficiary's Bank Code/ SWIFT Code	A/C No.
Beneficiary's Name	
Payment Amount (SGD \$	· ¢ ¢
1 st Payment Date	M M Y Y Y Y Last Payment Date M M Y Y Y Y (Leave blank for no expiry date)
Frequency of Payment (p	lease tick one):
□Daily (except Sun/ PH)	☐Weekly ☐Monthly ☐Every 2 weeks ☐Quarterly ☐Half-Yearly ☐Yearly
Date of Payment (DD)	Last Payment Amount (SGD \$) (if differs from payment amount above)
 For payment to start in the current month, your application form needs to be submitted at least 7 working days before the first payment date. Otherwise, the first payment may only start on the next payment cycle. If the date of payment falls on a non-business day, it will be paid on the following business day. Business day is from Monday to Friday, excluding public holidays for interbank payments, and Monday to Saturday, excluding public holidays for payment to DBS/POSB accounts. PART 2: CREDITING INSTRUCTIONS (For crediting to POSB Kids Account only)	
	POSB Account number stated above and credit the money to this POSB Kids Account on 3rd of the month:
POSB Kids A/C No.	
Payment Amount (SGD S	5)
1 st Payment Date	M M Y Y Y Y Last Payment Date M M Y Y Y Y (Leave blank for no expiry date)
AGREEMENT	
 I/We understand and accept the following terms and conditions: DBS 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 DBS. On the date of effecting payment, DBS reserves the right to determine the priority of this payment order against cheque presented or any other existing arrangements made with DBS. DBS may terminate this order at any time by notice in writing to the applicant at the last address notified to DBS or without notice at any time after being advised by the beneficiary that no further payment is required. This order will remain effective notwithstanding my/death or bankruptcy/liquidation until notice of such death/bankruptcy/liquidation on the revocation of this order is received by DBS. In consideration of DBS agreeing to act on this authorisation, I/We or and my personal representative (s) hereby agree and undertake not to hold DBS liable for any act or thing which DBS may do in reliance on this authorisation, and further agree and undertake to indemnify DBS for all liability, damage, loss and expenses (including legal costs as between solicitor and client on a full indemnity basis) which may be incurred or suffered by DBS in relation to or arising out of the payments made hereunder. I further agree to waive any rights, claims, actions or proceedings I may have against DBS for any losses or liabilities I may suffer as a consequence of DBS acting on this authorization, including any errors or omissions in the above payments. Authorised Signature(s)/Thumbprint(s) of Account Holder(s)# Date #Thumbprint must be taken and witnessed at DBS/POSB Branch. For joint-all accounts, all account holders need to sign. For company/association accounts, authorized signing limit) & company stamp (if applicable) are required.	
•	FOR BANK'S USE ONLY
Branch Action by Branch	
Attended by: (Nam	IDS Authorised by: (Name, Signature, Date) IDS IDS