

CANCELLATION OF BANKING FACILITY FORM**Enterprise Banking**

For Fully Cashbacked Facility Request(s) Secured by Fixed Deposits and JSPG (if any) Only

Impt: Five (5) Working Days Are Required For This Request To Be Processed**To: DBS Bank Ltd****Date:** _____**Part 1 - Cancellation Details****Note: Full Cancellation Request for BG / SBLC Facility ONLY**

If there is any BG outstanding, please return the original BG (from beneficiary) to DBS Trade Operations BEFORE submitting this request.

Facility Type	Facility Amount to be cancelled (Pls tick ✓ and state amount where reqd)
Letter of Guarantee (Up to 3 years) Letter of Guarantee / Long Term Letter of Guarantee / Standby Letter of Credit	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____
Letter of Guarantee (More than 3 years) Extra Long Term Letter of Guarantee / Standby Letter of Credit	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____
Overdraft (OD) Please indicate your Current Account or Autosave Account No. : _____ For Overdraft with outstanding monies: I/ we hereby authorize the Bank to transfer the entire FD placement from the FD account to the Current Account or Autosave Account No. (details stated above) and to offset the outstanding monies in the OD account.	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____
Foreign Exchange	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____
Trade Bills	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____

Part 2 - Fixed Deposit (FD) Security To Be Released

FD Account Name	FD A/c No.	FD Deposit No(s)	Currency & Amount to be released

Part 3 – Authorisation**Name of Firm / Company.:** _____ **Company Registration No. :** _____

Instructions to Customer	Authorised Signature(s) of Firm / Company ("Borrower")	Authorised Signature(s) – Applicable for 3 rd party FD Accountee ONLY
1. Signature(s) of sole-proprietor / ALL partners of the partnership / Authorised person(s) on behalf of incorporated companies vide the existing Board Resolution executed for the Facility or new Board Resolution (and updated List of Office Bearers applicable for Clubs / Associations / Societies only) appointing the new signatories to cancel above facility(ies).	Name of Signatory: _____	Name of Signatory: NRIC/Passport No: _____
2. Any incomplete form and/or documentation may result in a delay in its processing.		
3. Note for Corporate FD Depositor: Upon cancellation of the facility, the charge on FD lodged with ACRA will be discharged. We will send the Statement of Satisfaction of Registered Charge to your company in due course. A fee of \$300 per charge number shall be payable if you wish to engage the Bank's services to perform the discharge.	Name of Signatory: _____	Name of Signatory: NRIC/Passport No: _____
4. For Overdraft with outstanding monies: The signing by the authorized signatory(ies) herein authorize(s) the Bank to transfer the entire FD placement from the FD account and to offset the outstanding monies in the OD account.		

For Bank's Use Only

FOR COMPLETION BY RM ONLY	FX (PCE) Amount to be cancelled	<input type="checkbox"/> Full Cancellation <input type="checkbox"/> Partial Cancellation Amount : _____	
CHECKLIST MUST BE PERFORMED BY BRANCH STAFF / RM		CHECKED+SIGNATURES VERIFIED BY	
1. Ensure original cancellation form is received, duly completed & signed by borrower or FD depositor. 2. Ensure transaction is fully secured (refer to transcode RCSS). 3. For full cancellation request: Ensure no o/s bal. under facility (refer to transcode CICS-HLBSX). 4. For partial redemption / cancellation of limit only : Enclose copy of 'Earmark Advice / Release Form' for purpose of re-earmarking the balance FD amount. 5. If above are in order, fax this cancellation from to IBG 3&4 BSU – Processing at fax no. 6323-2256, followed by the original within two (2) working day to IBG 3&4 Business Support Unit, 2 Changi Business Park Crescent, #05-07 DBS Asia Hub Lobby B, Singapore 486029 (CP AH0053). Original copy to indicate 'For Confirmation Only'.		Signature of Br. Staff / RM	
		Name of Br. Staff / RM	
		Name of Br. / Dept	
		Contact No.	
		Date	