



AMENDMENT/TERMINATION OF CASHLINE AUTO TOP UP

To: Cards & Unsecured Loans Servicing, 2 Changi Business Park Crescent #07-03 DBS Asia Hub Lobby A S(486029)

- Please complete in BLOCK letters.
- (*) Delete if not applicable

CUSTOMER'S PARTICULARS

Name (as in NRIC/Passport): _____ NRIC/PP No: _____

Cashline Account No:

0	8	2	-								-	
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 Contact No : _____

AMENDMENT

I wish to amend the *minimum balance/top up amount of my Cashline Auto Top Up for the following accounts:

Account number	Account Name	Minimum Balance	Top Up Amount																			
*POSB Current/Savings or DBS Current/Savings <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td></tr></table>																			_____	S\$ _____	S\$ _____	
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TERMINATION

I wish to terminate my Cashline Auto Top Up for the following accounts:

Account number	Account Name	Account Type	Bank																				
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Declaration:

I will not hold DBS Bank liable for any consequences arising out of any errors, negligence, delays or omissions with the above amendment/termination. This form supersedes all previous instructions given.

Authorised Signature of Cashline Account Holder

Date

FOR BANK'S USE ONLY

Signature verified by : _____