SI 1: APPLICATION FOR STANDING INSTRUCTIONS IN SGD

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

- Please complete form in BLOCK letters.
- (*) Delete if not applicable.
- Account holder must be at least 16 years old

PARTICULARS OF ACCOUNT HOLDER

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

My/Our *DBS/POSB *Savings/Current A/C No. | | | | - | | | | | | | | | Contact No. _____

PART 1: PAYMENT INSTRUCTIONS

Please debit the service charge of S$10 per application from my DBS/POSB Account number stated above. Please debit my/our DBS/POSB Account number stated above and credit the money to the following party:

Reference No. (if any) | | | | | | | | | | | | |

Bank | | | | | Branch | | | | Account No. | | | | | | | | | | | |

Beneficiary's Name (in full) _____

Payment Amount | | | | | | | | | - | | | cents

1st Payment Date | | | | | | | M M Y Y Y Y

Last Payment Date | | | | | | | M M Y Y Y Y (Fill in **129999** for no expiry date)

Frequency of Payment (please tick one) :

☐ **D**aily (except Sun/ PH) ☐ **W**eekly ☐ **M**onthly ☐ Every 2 weeks ☐ **Q**uarterly ☐ **H**alf-Yearly ☐ **Y**early

Date of Payment (DD) | | (Compulsory field)

Last Payment Amount | | | | | | | | | - | | | cents

Last Payment Date | | | | | | | M M Y Y Y Y

Notes:

- 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 POSBkids Account only)

Please debit my/our DBS/POSB Account number stated above and credit the money to this POSBkids Account on 3rd of the month:

POSBkids Account No | | | | - | | | | | | | | |

Payment Amount | | | | | | | | | - | | | cents

1st Payment Date | | | | | | | M M Y Y Y Y

Last Payment Date | | | | | | | M M Y Y Y Y (Fill in **129999** for no expiry date)

AGREEMENT

I/We understand and accept the following terms and conditions:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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 signatories (in accordance to company/association's authorized signing limit) & company stamp (if applicable) are required.

FOR BANK'S USE ONLY

Branch	Action by Branch		Remarks/Special Instructions:
	Attended by: (Name, Signature, Date) SV CS IDS_____	Authorised by: (Name, Signature, Date) SV CS IDS _____	