



# SI 2: S\$ STANDING INSTRUCTION (SI) - AMENDMENT / TERMINATION

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

- Please complete form in BLOCK letters in the application parts below. (\*) Delete if not applicable.

## PARTICULARS OF ACCOUNT HOLDER

Name (as in NRIC/Passport) \_\_\_\_\_ NRIC/PP No. \_\_\_\_\_

\*DBS/POSB  -  Contact No. \_\_\_\_\_  
 \*Savings/Current A/C No.  -

## PART 1: AMENDMENT OF PAYMENT INSTRUCTIONS

I/We hereby authorise DBS to amend my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the amendments to be updated. Please debit from my/our DBS/POSB Account number stated above the following:

- (a) the service charge of S\$5 per amendment, up to a maximum sum of S\$10 for multiple amendments; and
- (b) credit the money to the following party:

Existing Beneficiary's Name (in full) \_\_\_\_\_

Account No.  (Fill in Beneficiary's Account No. to credit)

Reference No. (if any)

### Please tick the fields to be amended:

- New Payment Amount  -  cents
- New Date of Payment  (Compulsory field)
- New Frequency of Payment  Daily (except Sun/PH)  Weekly  Monthly  Every 2 weeks  Quarterly  Half-Yearly  Yearly
- New Last Payment Amount (If differs from amount of payment)  -  Cents New Date of Last Payment (Compulsory field)  M M Y Y Y Y
- New Date of Last Payment  Please fill in 129999 for no expiry date  
M M Y Y Y Y

## PART 2: TERMINATION OF INSTRUCTIONS

I/We hereby authorise DBS to terminate my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the termination to be updated.

Existing Beneficiary's A/C No. and Name (in full) \_\_\_\_\_

Reference No. (if any)

Bank  Branch  Account No.

## AGREEMENT

I/We will not hold DBS liable for any consequences arising out of any errors, negligence, delays or omissions with the above request.

\_\_\_\_\_  
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	Action by Cheque & Giro	
	Attended by: (Name, Signature, Date) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  SV         </div> <div style="text-align: center;">  CS         </div> </div> IDS _____	Authorised by: (Name, Signature, Date) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  SV         </div> <div style="text-align: center;">  CS         </div> </div> IDS _____	Verified by: _____ Keyed in by: _____ Report checked by: _____