

# SI-02: 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 using **BLUE** ink in the application parts below. • Correction fluid **NOT** allowed

### PARTICULARS OF ACCOUNT HOLDER

Name (as in Bank's record) \_\_\_\_\_ NRIC/PP/UEN No. \_\_\_\_\_

My/Our \*DBS/POSB \_\_\_\_\_  
 \*Saving/Current A/C No. \_\_\_\_\_ Contact 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 credit the money to the following party and debit the service charge of S\$5 (up to a maximum sum of S\$10 for multiple amendments) from my/our DBS/POSB Account number stated above.

Existing Beneficiary's Name \_\_\_\_\_

Beneficiary's Bank Code/  
SWIFT Code \_\_\_\_\_ A/C No. \_\_\_\_\_

Reference No. (if any) \_\_\_\_\_

**Please complete only the field(s) that need to be amended:**

New Date of Payment

New Payment Amount \_\_\_\_\_ .

New Date of Last Payment       (Fill in 129999 for no expiry date)

New Last Payment Amount \_\_\_\_\_ .    
 (if differs from payment amount)

**Note: This form is not applicable for amendment of payment frequency. Please terminate existing standing instruction and apply new standing instruction if different payment frequency is required.**

### 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 Name \_\_\_\_\_

Beneficiary's Bank Code/  
SWIFT Code \_\_\_\_\_ A/C No. \_\_\_\_\_

Reference No. (if any) \_\_\_\_\_

### 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		Remarks/Special Instructions:
	Attended by: (Name, Signature, Date) IDS _____	Authorised by: (Name, Signature, Date) IDS _____	