

## LOAN SERVICING ACCOUNT AUTHORISATION FORM

**Please mail the completed form to DBS Bank Ltd, Credit Operations (CP No: AH0021), 12 Marina Boulevard, Marina Bay Financial Centre Tower 3, Singapore 018982. Please complete ALL the sections below. Your instruction will only be processed upon the Bank's receipt of this original form. For enquiries, please call Customer Solutions at 63330033.**

### YOUR LOAN DETAILS

Loan Account No.		Sub-Loan No.(s)	
Property Address			

### REQUEST DETAILS

In CONSIDERATION of you, DBS Bank Ltd, agreeing to grant and/or continue to grant the Borrower(s):

**Particulars of Borrower(s)**

Name _____	NRIC/Passport No. _____
Name _____	NRIC/Passport No. _____
Name _____	NRIC/Passport No. _____

a housing loan and/or term loan and/or renovation loan\* of the above-mentioned Loan Account No. ("the Facilities"), the Borrower(s) and I/we hereby agree and authorise you to deduct from the POSB Savings / DBS Savings / DBS Current Account / DBS Autosave\* Account No. \_\_\_\_\_ (the "Account") held in the names of the following account-holders.

**Note:** POSB Current Accounts are not acceptable.

**Particulars of Account-holder(s)**

Name _____	NRIC/Passport No. _____
Name _____	NRIC/Passport No. _____
Name _____	NRIC/Passport No. _____

for payment of all monies due and payable by the Borrower(s) under the Facilities including principal, interest, the monthly instalment(s), fees, charges and all insurance premiums payable, on the due dates. I/We hereby (jointly and severally) undertake to ensure or procure that the Account shall have sufficient funds at all times before the due date to meet any such deductions or payments.

The undersigned holders of the Account consent to your disclosure of any information relating to the Account, including without limitation its status, operation, balance or otherwise, to the Borrowers and the mortgagors under the Facilities or any of them at any time. The Borrowers consent to your disclosure of amounts due under the Facilities to the holders of the Account or any of them at any time.

I/We hereby irrevocably agree that all such deductions made pursuant to my/our instructions herein shall be non-refundable by you. In consideration of the Bank agreeing to act on this authorisation, I/we waive any and all rights and claims against you arising from your acting on the authorisation set out above, save to the extent arising out of fraud on your part, and I/we undertake jointly and severally to indemnify you against all liabilities and losses of any nature howsoever incurred or suffered by you arising out of your relying or acting upon this authorisation. I/We agree that you may at any time decide to stop acting on this authorisation without giving any reasons and without any liability whatsoever.

\* Delete where applicable.

### IMPORTANT NOTES

1. The effective date of this request will be five working days from the receipt date of this original form.
2. This request will not be processed if the information in this form is incomplete. A fresh submission is required to proceed subsequently.

### SIGNATURE(S) OF ALL BORROWER(S) AND ACCOUNT HOLDER(S)<sup>†</sup>

Name: NRIC/PP No.:	Name: NRIC/PP No.:	Name: NRIC/PP No.:	<b>Date</b>
Name: NRIC/PP No.:	Name: NRIC/PP No.:	Name: NRIC/PP No.:	

<sup>†</sup> Signature as in Bank's record. Signatures of all account holders are required for Joint account. For account operated by thumbprint, please visit any DBS/POSB branches with your NRIC/Passport to have the branch officer witness your thumbprint.

### FOR BANK'S USE ONLY

Signatures witnessed / verified by:	Name and Specimen signature no. stamp:	<b>Date</b>
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