

INTERBANK GIRO APPLICATION FORM DIRECT DEBIT AND CREDIT AUTHORISATION

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a √)	
To: Name of Bank/Finance Company: DBS BANK / POSB#	Name of Billing Organisation ("BO"): MAYBANK SECURITIES PTE LTD
√ Branch:	√ BO Customer Ref. No. (Maybank Securities Trading A/C No.):
√ Customer's Bank Account Name:	√ BO Customer Name (Maybank Securities A/C Holder's Name):
√ Customer's Bank Account Number:	√ NRIC / Passport Number:

- (a) I/We hereby instruct you to process the BO's instructions to debit and /or credit my/our account.
- (b) You are entitled to reject the BO's debit and/or credit instruction if my/our account do/does not have sufficient funds and charge me/us a fee for so doing. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.
- (d) The BO is responsible for informing you upon the expiry of this authorization and to ensure no deductions are made thereafter.

My/Our Company Stamp/Signature(s)/Thumbprint(s):

My/Our Contact Tel:

Date:

√ _____

√ _____

√ _____

(As in Bank/Finance Company's records)

Note: For thumbprints, please go to bank branch with your identification document.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 1 7 1	0 7 4	0 7 4 0 0 1 2 8 3 3

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Financial Institution's Completion

To: The Manager
 Maybank Securities Pte Ltd
 150 Beach Road
 #03-01 The Gateway West
 Singapore 189720
 Attn: Client Services

This application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Financial Institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint # incomplete/unclear # | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Others: _____ |

Name of Approving Officer

Authorised Signature

Date

* Please delete where inapplicable