



輝立証券私人有限公司
PHILLIP SECURITIES PTE LTD

A member of PhillipCapital

250 North Bridge Road #06-00 Raffles City Tower Singapore 179101
Tel: 6533 6001 Fax: 6535 3834 www.phillip.com.sg
Co Reg No 197501035Z GST Reg No M2 0021956 2

For Office Use

SBP Account No:

SBP

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*Compulsory fields

PHILLIP SHARE BUILDERS PLAN APPLICATION FORM

1. PERSONAL PARTICULARS OF APPLICANT

*Account Applicant's Name (As in NRIC / Passport):
(Mr/Mrs/Ms/Mdm/Dr/Others _____)

*NRIC/Passport No:

(Underline Surname)

Contact No./Email Address:

*Home _____

Office (DID) _____

Mobile No. _____

*Office (Main) _____

*Email address _____

*Existing Trading Account:

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TR Code: _____

2. INVESTMENT INSTRUCTIONS

*Stock Name	*Preferred counter (pls tick one only)	*Investment Amount
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Attachment of Additional Investment Instructions

*Gross Investment:

3. APPLICANT'S DECLARATION

I confirm that I have received, read and fully understood:

- (i) the terms and conditions spelt out and from time to time amended in the Terms and Conditions governing Phillip Securities Trading Account, Phillip Share Builders Plan and the relevant Information Sheet, all of which shall be read with, referred to and construed as part of the agreement between Phillip Securities Pte Ltd ("PSPL") and myself in respect of the Share Builders Plan.
- (ii) the RISK DISCLOSURE STATEMENT which highlights the risks associated with trading in equities, equity-related products and lending of securities; and
- (iii) the CLIENT INVESTMENT PROFILE questionnaire which I am required to complete and return to PSPL.

In consideration of Phillip Securities Pte Ltd ("PSPL") accepting my application for and providing/maintaining for me such an investment plan, I hereby agree to be bound by the terms currently in effect and amended from time to time. I agree to be bound by all prevailing rules, bye-laws, regulations, guidelines, customs and directives of SGX-ST and any other regulatory body governing transactions in securities quoted on the SGX and other Stock Exchanges.

I hereby represent, warrant and undertake to PSPL that all my particulars given and to be given from time to time to PSPL are and will be accurate. I am (a) applying for the Account(s) on my own judgement and did not rely on any representations, views or information from PSPL, its employees or its trading representatives; (b) opening the Account(s) for my own benefit; (c) am over 21 years old, not insolvent and not blacklisted with the SGX-ST nor with any other securities firm nor have any delinquent account with any other securities firm. Unless and until I notify PSPL to the contrary in writing, I will be acting as principal and will not be acting as agent for any other person or entity. On such notification, PSPL may require reasonable verification of the identity of the principal, confirmation that I am authorised to act as agent for the principal and such other information as PSPL may require, which I agree to provide. I agree that providing details of the principal will not make the principal an indirect customer of PSPL.

Where my securities are custodised with PSPL, I hereby acknowledge, consent to and accept:

- (i) the terms for the provision of custody services to be provided by PSPL as set out in Part B Section 5 of the Conditions. As such and to the extent that Regulation 27 of the Securities and Futures (Licensing and Conduct of Business) Regulations 2002 requires me to give prior consent to PSPL's use or appointment of a person outside Singapore to provide custody services, I hereby give such consent; and
- (ii) the terms for the on-lending of my securities as set out in the Conditions and in particular at (i) Part B Section 3 at clause 12 thereof; (ii) Part B Section 5 at clause 13 thereof; and Part B Section 6 at clause 5 thereof.

I acknowledge that as a general rule, my funds in the possession or control of PSPL, being funds not immediately or within 24 hours required to be applied towards discharge of my payment obligations, will (subject to the authorization on investment management of the same as set out in Part B Section 1 of the Conditions) be held commingled with funds of other customers of PSPL where applicable in a trust account in accordance with the provisions of the Securities and Futures Act 2001. By applying to open an account with PSPL, I acknowledge and accept the terms of interest waiver/substitution as set out in clause 4 Part A of the Conditions and agree to waive and relinquish in favour of PSPL any and all entitlement to interest accruing to my share of funds in such trust account.

*Account Applicant's Signature

*Date

FOR OFFICE USE ONLY

Initial Investment Paid, Amt: _____ Receipt No: _____

Checked by: _____

*PSPL's Officer Signature / *Date

*Keyed in by / *Date

Approved by: _____

*PSPL's Officer Signature / *Date

*Checked by / *Date



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APPLICATION FORM FOR INTERBANK GIRO (FOR SHARE BUILDERS PLAN)

(Please complete Part 1 of this form and return to Phillip Securities Pte Ltd. Incomplete forms may not be processed)

PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with)

<p> Date: _____</p> <p> To: Name of Financial Institution: _____</p> <p> Branch: _____</p> <p>Payment limit (Maximum amount to be deducted per transaction): ^{Note} _____</p> <p style="text-align: center;">N.A.</p>	<p>Name of Billing Organisation ("BO") PHILLIP SECURITIES PTE LTD</p> <p>Billing Organisation's Customer's Name: _____</p> <p>Billing Organisation's Customer's Ref No: SBP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Expiry date of this authorisation: ^{Note} _____</p> <p style="text-align: center;">N.A.</p>
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- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. 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) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

Note: BOs should print and make clear whether this option is applicable or available to their customers.

<p>My/Our Name(s): _____</p> <p>My/Our Account Number: _____</p> <p>My/Our Email Address(es): _____</p>	<p>My/Our Contact (Tel/Fax) Number(s): _____</p> <p>My/Our Company Stamp/Signature(s)/Thumbprint(s)*: * For thumbprints, please go to the branch with your identification</p> <p>_____</p> <p>(As in Financial Institution's records)</p>
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PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7 0 1 0	0 5 0	0 0 1 0 0 1 0 1 6 1 5

Billing Organisation's Customer Ref No.

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

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

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

_____ Name of Approving Officer [#] Please delete where inapplicable	_____ Authorised Signature	_____ Date
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