



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"/></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.	Billing Organisation's Customer Ref No.
7 0 1 0	0 5 0	0 0 1 0 0 1 0 1 6 1 5	<input type="text"/>
Bank	Branch	Account No. To Be Debited	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

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 [#] Please delete where inapplicable	_____ Authorised Signature	_____ Date
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