



Trading Account No.:

\_\_\_\_\_

Please tick one of the following:

- Share Builders Plan (SBP)  
 Regular Savings Plan (UT RSP)

## APPLICATION FORM FOR INTERBANK GIRO

(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 )

Date:

\_\_\_\_\_

Name of Billing Organisation ("BO"):

PHILLIP SECURITIES PTE LTD  
\_\_\_\_\_

To: Name of Bank:

\_\_\_\_\_

Billing Organisation's Customer's Name:

\_\_\_\_\_

Branch:

\_\_\_\_\_

Billing Organisation's Customer's Reference Number:

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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.

My/Our Name(s) as in Bank's record

\_\_\_\_\_

My/Our Contact (Tel/Fax) Number(s):

\_\_\_\_\_

My/Our Account Number:

\_\_\_\_\_

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

\_\_\_\_\_

(as in bank's records)

### PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7 1 7 1	0 2 2	0 2 2 0 0 7 2 4 4 7

Billing Organisation's Ref Number

Bank	Branch	Account Number To Be Debited

### PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- Signature/Thumbprint# differs from Bank's records  
 Signature/Thumbprint# incomplete/unclear#  
 Account operated by signature/thumbprint#  
 Wrong account number  
 Amendments not countersigned by customer/BO  
 Other reason(s):

\_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

\* For thumbprints, please go to the branch with your identification.

# Please delete where inapplicable