

EPS CLOSURE FORM

TO: **EDP DEPARTMENT**

CO. REG. NO.: 197501035Z

DATE: _____

PLEASE CLOSE THE EPS LINAGE FOR THE FOLLOWING TRADING ACCOUNT:

CLIENT NAME: _____

CLIENT CODE: _____ REMISIER CODE: _____

BANK NAME: _____

BANK ACCOUNT NO: _____

REASON: _____

CLIENT'S SIGNATURE

OR

REMISIER/DEALER'S SIGNATURE

ACTION BY EDP:

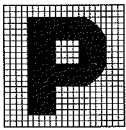
RECEIVED ON: _____

INPUT BY: _____

CHECKED BY: _____

NOTE:

1. THE CLOSURE REQUIRES BANK'S APPROVAL, WHICH WILL TAKE ABOUT 2 WEEKS.
2. IF BANK REJECTED THE APPLICATION DUE TO INACCURATE DATA GIVEN, A RE-APPLICATION WILL TAKE FURTHER 2 WEEKS FOR APPROVAL BY THE BANK. TO AVOID THIS, PLEASE ENSURE DATA PROVIDED IN THIS FORM ARE ACCURATE.



PHILLIP SECURITIES PTE LTD

Member of Singapore Exchange Securities Trading Limited
250 North Bridge Road, #06-00 Raffles City Tower, Singapore 179101
Website: www.phillip.com.sg
Reg No : 197501035Z

APPLICATION FORM FOR INTERBANK GIRO

(Please complete part 1 of this form and return to Phillip Securities Pte Ltd)

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 Financial Institution (please select one)

Billing Organisation's Customer's Name:

✓ DBS Bank or POSB

✓ Client Name: _____

Branch

Billing Organisation's Customer's Reference Number:

✓ _____

✓ Trading Account no:

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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.

My/Our Name(s):

✓ _____

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

✓ _____

My/Our Account Number:

✓ _____

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

✓ _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

For Shares Transactions

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 4 8	0 4 8 0 0 5 9 8 8 0

Bank	Branch	Account No. To be Debited

For Unit Trusts Transactions

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 4 8	0 4 8 0 1 8 8 0 3 6

BO's Customer Ref No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

- Signature/Thumbprint# differs from Financial Institution's records
- Signature/Thumbprint# incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Authorised Signature

Date

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

Please delete where inapplicable