

EPS CLOSURE FORM

To: APU DEPARTMENT

DATE: _____

PLEASE CLOSE THE EPS LINKAGE FOR THE FOLLOWING TRADING ACCOUNT:

CLIENT NAME: _____

CLIENT CODE: _____ REMISIER CODE: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

REASON: _____

CLIENT'S SIGNATURE

OR

REMISIER / DEALER'S SIGNATURE

ACTION BY APU:

RECEIVED ON: _____

INPUT BY: _____

CHECKED BY: _____

NOTE:

1. EPS closure requires the bank's approval which will take about two weeks.
2. If the bank rejects the application, a re-application will take another 2 weeks for approval by the bank.
To avoid rejection and re-application, please submit accurate data in this form.

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: (DBS / POSB / UOB / OCBC)	Billing Organisation's Customer's Name:								
_____	√ Client Name: _____								
Branch:	√ Trading Account No:								
√ _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

- (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) 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	
7171	048	0480059880	

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):

<input type="checkbox"/> Signature/Thumbprint# differs from Bank'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"/> Other reason(s): _____

_____	_____	_____
Name of Approving Officer	Authorised Signature	Date