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: __________________________

To: Name of Bank: __________________________

Branch: __________________________

Name of Billing Organisation (“BO”): PHILLIP SECURITIES PTE LTD

Billing Organisation’s Customer’s Name: __________________________

Billing Organisation’s Customer’s Reference Number: __________________________

(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

<table>
<thead>
<tr>
<th>Bank</th>
<th>Branch</th>
<th>Billing Organisation’s Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank</th>
<th>Branch</th>
<th>Account Number To Be Debited</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

PSPL GIRO FORM V1
FEB 2014