SI-02: S$ STANDING INSTRUCTION (SI) - AMENDMENT / TERMINATION

To: DBS Bank – Cheque & Giro, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, Singapore 486029

- Please complete form in **BLOCK** letters using **BLUE** ink in the application parts below.
- Correction fluid **NOT** allowed

PARTICULARS OF ACCOUNT HOLDER

Name (as in Bank's record) _____ NRIC/PP/UEN No. _____

My/Our *DBS/POSB *Saving/Current A/C No. | | | | | | | | | | | | Contact No. _____

PART 1: AMENDMENT OF PAYMENT INSTRUCTIONS

I/We hereby authorise DBS to amend my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the amendments to be updated. Please credit the money to the following party and debit the service charge of S$5 (up to a maximum sum of S$10 for multiple amendments) from my/our DBS/POSB Account number stated above.

Existing Beneficiary's Name _____

Beneficiary's Bank Code/ SWIFT Code | | A/C No. | | | | | | | | | | | | | | |

Reference No. (if any) | | | | | | | | | | | | |

Please complete only the field(s) that need to be amended:

New Date of Payment | D | D |

New Payment Amount | | | | | | | | | | . | ¢ | ¢ |

New Date of Last Payment | M | M | Y | Y | Y | Y | (Fill in **129999** for no expiry date)

New Last Payment Amount (if differs from payment amount) | | | | | | | | | | . | ¢ | ¢ |

Note: This form is not applicable for amendment of payment frequency. Please terminate existing standing instruction and apply new standing instruction if different payment frequency is required.

PART 2: TERMINATION OF INSTRUCTIONS

I/We hereby authorise DBS to terminate my/our Standing Instruction. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the termination to be updated.

Existing Beneficiary's Name _____

Beneficiary's Bank Code/ SWIFT Code | | A/C No. | | | | | | | | | | | | | | |

Reference No. (if any) | | | | | | | | | | | | |

AGREEMENT

I/We will not hold DBS liable for any consequences arising out of any errors, negligence, delays or omissions with the above request.

_____ _____

Authorised Signature(s)/Thumbprint(s) of Account Holder(s)# Date

#Thumbprint must be taken and witnessed at DBS/POSB Branch. For joint-all accounts, all account holders need to sign. For company/association accounts, authorized signatories (in accordance to company/association's authorized signing limit) & company stamp (if applicable) are required.

FOR BANK'S USE ONLY

Branch	Action by Branch		Remarks/Special Instructions:
	Attended by: (Name, Signature, Date) SV CS IDS_____	Authorised by: (Name, Signature, Date) SV CS IDS _____	