

APPLICATION FOR DBS INTERBANK GIRO

PART 1 : FOR APPLICANT'S COMPLETION (fill in spaces indicated with ✓)

Date : ✓ _____ To : _____ <b style="text-align: center;">DBS BANK LIMITED _____ Branch : ✓ _____	Name of Billing Organisation ("BO") : <b style="text-align: center;">RHB SECURITIES SINGAPORE PTE LTD _____ Billing Organisation's Customer's Name : (My Name) ✓ _____ Billing Organisation's Customer's Reference Number : (My Trading Account 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.

My/Our Account Name(s): ✓ _____ My/Our Account Number: ✓ _____	My/Our Contact: (Tel/Fax) Number(s): ✓ _____ My/Our Company Stamp/Signature(s)/Thumbprint(s)*: ✓ _____ <p style="text-align: center;">(As in DBS's records)</p>
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PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.	Billing Organisation's Customer Ref No.
7 1 7 1	0 4 8	0 4 8 0 1 9 0 4 1 3	
Bank	Branch	Account No. To Be Debited	

PART 3 : FOR FINANCIAL INSTITUTION'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"/> Signature/Thumbprint# incomplete/unclear# <input type="checkbox"/> Account operated by signature/Thumbprint#	<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Others : _____
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Name of Approving Officer	Authorised Signature	Date
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* Please go to the branch with your identification for thumbprint(s).
 # Please delete where inapplicable