

GIRO/SI 3: APPLICATION FOR STANDING INSTRUCTION IN SGD

To: DBS Bank – Account Services, 750E Chai Chee Road #04-01, Technopark @ Chai Chee, Singapore 469005

- Please complete form in BLOCK letters.
- (*) Delete if not applicable.

CUSTOMER'S PARTICULARS

Name (as in NRIC/Passport) _____ NRIC/PP No. _____
 My/Our *DBS/POSB _____
 *Savings/Current A/c No. _____ - _____ Contact No. _____

APPLICATION

Please debit my/our above-mentioned account and credit the money to the following party:

Reference No. (if any) _____

Beneficiary's Bank Code

7	1	7	1
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Branch Code

0	0	1
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Account No.

0	0	1	9	0	2	7	2	6	8
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Name (in full) Firefly Mission

Payment Amount

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Cents

Date of First Payment

D	D	M	M	Y	Y	Y	Y

 To reach the Bank **one week** before the 1st payment date.
 Otherwise, payment **may only** take effect the next payment cycle.

Date of Last Payment

D	D	M	M	Y	Y	Y	Y

 (Fill in 31129999 if there is no expiry date)

Frequency of Payment

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 D=Daily W=Weekly F=Fortnightly M=Monthly H=Half-yearly Q=Quarterly Y=Yearly

Date of Payment

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 To fill in only if frequency of payment is Monthly, Quarterly, Half-yearly or Yearly

Amount of Last Payment

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 (not applicable if there is no expiry date)
Cents

Declaration:
 I/We understand that the above payment will be made subject to the following conditions:

1. The Bank shall debit my/our account for all charges, fees or other sums payable to the Bank or the Bank's agents. Service charges of \$10 per application and \$5 per amendment will be imposed and shall be deducted from my/our account.
2. The Bank is not obliged to effect payment if my/our account does not have sufficient funds to meet it or to meet payment of all charges, fees or other sums payable by me/us to the Bank or the Bank's agents.
3. In order to apply for this facility, the account holder must be 12 years and above.
4. On the date of effecting payment, the Bank reserves the right to determine the priority of this payment order against cheque presented or any other existing arrangements made with the Bank.
5. If there are insufficient funds in the account for two successive months, the Bank may cancel this instruction without any advice to the applicant.
6. The Bank may terminate this order at any time by notice in writing to the applicant at the last address notified to the Bank or without notice at any time after being advised by the beneficiary/beneficiaries that no further payment is required.
7. If payment date falls on Sunday/Public Holiday, payment will be effected on the following day.
8. This order will remain effective notwithstanding my/our death or bankruptcy / liquidation until notice of such death / bankruptcy / liquidation on the revocation of this order is received by the Bank.
9. Any alternations and cancellations should reach the Bank at least **one week** before the next successive payment is due.
10. I/We agree to absolve the Bank from any liability whatsoever in respect of any error or omission in the above payment.

 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 accountholders need to sign.
 For company/association accounts, authorised signatories (with maximum signing limit) & company stamp (if applicable) are required.

FOR BANK'S USE ONLY	
Action by Branch Signature/Thumbprint Verified by: _____ Authorised by: _____ Branch Name/Branch Code: _____	Action by Account Services Authorised by: _____ Keyed in by: _____ Report checked by: _____