

250 North Bridge Road #06-00 Raffles City Tower Singapore 179101
Tel: 6533 6001 Fax: 6535 3834 www.phillip.com.sg
Co. Reg. No. 197501035Z GST Reg. No. M2-0021956-2

*Phillip Account No.:	
<b>**</b>	
*Please tick only <u>ONE</u> of the following:	
<ul><li>□ Share Builders Plan (SBP)</li><li>☑ Regular Savings Plan (UT RSP</li></ul>	١
E Rogulai Savings i lan (OT Roi	,

## 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)

	Name of Billing Organisation (%BO+):
<b>=</b>	PHILLIP SECURITIES PTE LTD
To: Name of Bank:	Billing Organisation Customer Name:
<b>=</b>	
Branch:	Billing Organisation Customer Reference Number:
<del></del>	
may also at your discretion allow the debit even if this results in (c) This authorisation will remain in force until terminated by your my/our written revocation through the BO.  (d) It is the BOøs responsibility to inform banks upon the expiry of My/Our Name(s) as in Bankos record	written notice sent to my/our address last known to you or upon receipt of this authorisation and to ensure no deductions are made thereafter.  My/Our Contact (Tel/Fax) Number(s):
<u> </u>	<b>**</b>
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint(s)*:
<del></del>	<b>&amp;</b>
	(as in bankos records)
	GANISATION'S COMPLETION
PART 2: FOR BILLING OR	
Bank Branch Billing Organisations Account Nun	
Bank Branch Billing Organisations Account Nun	nber Billing Organisation Ref Number
Bank     Branch     Billing Organisations     Account Num       7     1     7     1     0     2     2     0     2     2     0     0     7     2     4     4       Bank     Branch     Account Number To Be Debited	nber Billing Organisation Ref Number
Bank Branch Billing Organisations Account Nun 7 1 7 1 0 2 2 0 2 2 0 0 7 2 4 4  Bank Branch Account Number To Be Debited  PART 3: FOR BA  To: Billing Organisation This Application is hereby REJECTED (please tick) for the	Billing Organisation Ref Number 7  NNK'S COMPLETION
Bank Branch Billing Organisations Account Nun 7 1 7 1 0 2 2 0 2 2 0 0 7 2 4 4  Bank Branch Account Number To Be Debited  PART 3: FOR BA  To: Billing Organisation	Billing Organisation Ref Number  7  NNK'S COMPLETION
Bank Branch Billing Organisations Account Nun 7 1 7 1 0 2 2 0 2 2 0 0 7 2 4 4  Bank Branch Account Number To Be Debited PART 3: FOR BA  To: Billing Organisation This Application is hereby REJECTED (please tick) for the Signature/Thumbprint differs from Banks records Signature/Thumbprint incomplete/unclear	Billing Organisations Ref Number    NK'S COMPLETION

<sup>\*</sup> For thumbprints, please go to the branch with your identification.

<sup>\*</sup> Please delete where inapplicable