

## GIRO 1: AMENDMENT / TERMINATION OF GIRO

To: POSB – Account Services, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, Singapore 486029

- Please complete form in BLOCK letters in the application parts below
- (\*) Delete if not applicable.

### PARTICULARS OF ACCOUNT HOLDER

Name (as in NRIC/Passport) \_\_\_\_\_ NRIC/PP No. \_\_\_\_\_

My/Our \*DBS/POSB  
\*Savings/Current A/C No. 

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Contact No. \_\_\_\_\_

### PART 1: CHANGE OF PAYMENT LIMIT

I/We hereby authorise the Bank to amend my/our payment limit for the following Billing Organisations within 4 working days from the date of this request. **I/WE WILL NOTIFY THE RESPECTIVE BILLING ORGANISATION OF THE NEW PAYMENT LIMIT.**

	Name of Billing Organisation	Billing Reference No.	New Payment Limit
1			
2			

### PART 2: TEMPORARY STOP PAYMENT

I/We hereby authorise the Bank to stop paying to the following Billing Organisation(s) for the period stated and to notify the Billing Organisation(s) accordingly. I/We authorise the Bank to resume payment to the Billing Organisation(s) after the expiry of the period stated.

	Name of Billing Organisation	Billing Reference No.	Period of Stop-Payment							
			From (DD/MM/YY)				To (DD/MM/YY)			
1										
2										

### PART 3: TERMINATION OF GIRO

I/We hereby authorise the Bank to terminate my/our existing GIRO arrangements within 4 working days from the date of this request and to notify the Billing Organisation(s) accordingly. **Please tick one:**  All existing GIRO  Selected GIRO as listed below:

	Name of Billing Organisation	Billing Reference No.
1		
2		
3		
4		

### PART 4: CHANGE IN DEBITING ACCOUNT

New \*DBS/POSB  
\*Savings/Current A/C No. 

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I/We hereby authorise the Bank to move my/our GIRO to another account held in my/our name(s) and to notify the Billing Organisation(s) accordingly. **I/We understand that the above changes would be effected from my next deduction date only if this request is made at least 30 days before the next deduction date.** **Please tick one:**  All existing GIRO  Selected GIRO as listed below:

	Name of Billing Organisation	Billing Reference No.
1		
2		

### AGREEMENT

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

\_\_\_\_\_  
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 with maximum signing limit) & company stamp (if applicable) are required.

#### FOR BANK'S USE ONLY

Action by Branch	Action by Account Services
Signature/Thumbprint Verified by: _____	Authorised by: _____
Authorised by: _____	Keyed in by: _____
Branch Name/Branch Code: _____	Report checked by: _____