SI 2: S$ STANDING INSTRUCTION (SI) - AMENDMENT / TERMINATION

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

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

PARTICULARS OF ACCOUNT HOLDER

Name (as in NRIC/Passport) _____ NRIC/PP No. _____

*DBS/POSB
*Savings/Current A/C No. | | | | - | | | | | | | | | Contact No. _____

PART 1: AMENDMENT OF PAYMENT INSTRUCTIONS

Please debit the service charge of S$5 per amendment from my DBS/POSB Account number stated above.

I/We hereby authorise the Bank to amend my/our Standing Instruction within 4 business days from the date of this request.

Existing Beneficiary's A/C No. and Name (in full) _____

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

Please tick the fields to be amended:

☐ New Payment Amount | | | | | | | | | - | | | (cents)

☐ New Date of Payment | | | (Compulsory field)

☐ New Frequency of Payment : ☐ **D**aily ☐ **W**eekly ☐ **M**onthly ☐ **F**ortnightly ☐ **Q**uarterly ☐ **H**alf-Yearly ☐ **Y**early

☐ New Last Payment Amount | | | | | | | | | - | | | (If differs from amount of payment)
(cents)

☐ New Date of Last Payment | | | | | | | Please fill in 31129999 if there is no expiry date
M M Y Y Y Y

PART 2: TERMINATION OF INSTRUCTIONS

I/We hereby authorise the Bank to terminate my/our Standing Instruction within 4 business days from the date of this request.

Existing Beneficiary's A/C No. and Name (in full) _____

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

Bank | | | | | Branch | | | | Account No. | | | | | | | | | | | |

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.

_____ _____
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: _____