GIRO 1: AMENDMENT / TERMINATION OF GIRO

To: DBS Bank – 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. | | | | - | | | | | | | | |

Contact No. _____

PART 1: CHANGE OF PAYMENT LIMIT

I/We hereby authorise DBS 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 DBS 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 DBS 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 DBS 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. | | | | - | | | | | | | | |

I/We hereby authorise DBS 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 DBS 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: _____