

# **GIRO 1: AMENDMENT / TERMINATION OF GIRO**

To: POSB - Cheque & Giro, 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.

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PARTICI	JLARS OF ACCOUNT H	10	OLDER	

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 to amend my/our payment limit for the following Billing Organisations. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the amendments to be updated. 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 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 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											
	Name of Billing Organisation	Billing Reference No.	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. I/We accept that DBS require up to 4 working days from the day DBS receive my/our request for the termination to be updated 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		

#### **PART 4: CHANGE IN DEBITING ACCOUNT**

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

I/We hereby authorise DBS 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

□ All existing GIRO Please tick one:

Selected GIRO as listed below:

	Name of Billing Organisation	Billing Reference No.
1		
2		

### AGREEMENT

I/We will not hold DBS 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 (in accordance to company/association's authorized signing limit) & company stamp (if applicable) are required.

FOR BANK'S USE ONLY										
Branch	Action by Branch		Action by Cheque & Giro							
	Attended by: (Name, Signature, Date)	Authorised by: (Name, Signature, Date)	Verified by:							
			Keyed in by: Report checked by:							
POSB Biz .	POSB Biz . Reg. No. 52880148A GIRO-01 (07/2014)									