CHANGE OF LIMITS FOR DIRECT DEBIT PAYMENT AUTHORISATION FOR SINGAPORE POOLS (PRIVATE) LIMITED

(Company Registration Number: 196800202G)

PART 1: FOR APPLICANT'S COMPLETION (Fill The Spaces Indicated With √)

√ Date:

D	D	M	M	Y	Y	Y	Y

Name Of Billing Organisation ("BO"):

Singapore Pools (Private) Limited

√ To:

- ❑ DBS Bank Ltd (Co Reg No 196800306E)
- ❑ Oversea-Chinese Banking Corporation Limited (Co Reg No 193200032W)
- ❑ United Overseas Bank Limited / Far Eastern Bank Limited (Co Reg No UOB 193500026Z / FEB 195800116D)

My Instruction(s) To Above-Mentioned Bank:

(a) By signing below, I hereby instruct you to amend the per transaction limit and/or the maximum daily total limit ("limits") for my account specified below.
(b) I confirm that the details of my instructions as stated below are correct and request that you notify the BO accordingly.
(c) I agree that I will not hold you liable for any consequences arising from or in connection with any error, negligence, delay or omission on your part with regards to my instructions stated above.
(d) I understand that my instructions will only take effect one (1) working day after your acknowledgement of your receipt of these instructions.

√ My Name:

_____

(As In Bank's Records)

√ My Bank Account**:

√ My revised per transaction limit is:
(Applicable to DBS and OCBC accounts only)

√ My Contact Number(s):

Home Tel | | | | | | | | | Office Tel | | | | | | | | | |

Mobile Tel | | | | | | | | | Fax No | | | | | | | | | |

√ My revised maximum daily total^ limit is:

❑ $5,000 ❑ $25,000 ❑ $50,000

√ Authorised Signature/Thumbprint of Account Holder*:

_____

(As In Bank's Records)

PART 2: FOR SINGAPORE POOLS (PRIVATE) LIMITED'S COMPLETION

We acknowledge the applicant's request and below is the DDA reference number to process the change of limits request:

Singapore Pools (Private) Limited's Customer's DDA Ref No

PART 3: FOR BANK'S COMPLETION

To: Singapore Pools (Private) Limited

The change of limits request has been processed accordingly.

❑ Approve ❑ Reject

Name Of Approving Officer _____ Authorised Signature (Approving Officer) _____ Date _____

* For thumbprint, please proceed to branch of bank with your identification card / passport.
^ For DBS accounts only: From Oct 2005 onwards
** This Bank Account must be the same Account as specified in the Direct Debit Payment Authorisation form and Earmark Authorisation form signed and submitted by you.

• Aug 2005