APPLICATION FORM FOR INTERBANK GIRO

Please mail completed form to: OVERSEA-CHINESE BANKING CORPORATION LIMITED, Account Services, Privy Box No. 920340, Singapore 929292

PART 1: FOR APPLICANT'S COMPLETION (fill in the boxes indicated with ✓)

Date:

✓ _____

To: Name of Financial Institution and Branch:

✓ _____

My/Our Account Number to be debited:

✓ _____

My/Our Names and NRIC No.(s) with Financial Institution:

✓ _____

Name of Billing Organisation ("BO"):

OVERSEA-CHINESE BANKING CORPORATION LIMITED CREDIT CARDS

Cardmember's Name (Please use BLOCK letters):

✓ _____

✓ VISA/MasterCard/Robinson Card Number

✓ VISA/MasterCard/Robinson Card Number

Payment Instruction (Please✓): ☐ Minimum Payment ☐ Full Payment

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.

(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This Authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

(d) I consent for OCBC and its related corporations to collect, use and disclose my/our personal data to faciliate and administer my requests contained herein, in accordance with OCBC's Data Protection Policy (available at OCBC website > Personal Banking > Policies).

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

✓ _____

(As in Financial Institution's records)

My/Our Contact (Tel/Fax) Number(s):

✓ _____

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank Branch Billing Organisation's Account No.

7	3	3	9	5	0	1	9	5	0	2	8	1	0	0	1

Bank Branch Account No. to be debited

VISA/MasterCard/Robinson Card DDA Reference No.

VISA/MasterCard/Robinson Card DDA Reference No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s)

☐ Signature/thumbprint# differs from Financial Institution's records

☐ Signature/thumbprint# incomplete/unclear#

☐ Account operated by signature/thumbprint#

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others: _____

_____ Name of Approving Officer

_____ Authorised Signature

_____ Date

*For thumbprint, please go to the branch with your identification card.

#Please delete where inapplicable.

Co.Reg.No.: 193200032W Jan2026