

Applicants please complete all fields in PART 1 and mail back the original form to the above address.

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in the spaces indicated with ✓)

| | |
|---|---|
| Date: ✓ _____ | Name of Billing Organisation ("BO") <u>Singapore Smart Telecommunications Pte Ltd</u> |
| To: Name of Financial Institution: ✓ _____ | Billing Organisation's Customer's Name: ✓ _____ |
| Branch: ✓ _____ | Billing Organisation's Customer's Ref No: ✓ _____ |

- (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 a fee 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.

| | |
|-----------------------------------|---|
| My/Our Name(s): ✓ _____ | My/Our Contact (Tel/Fax) Number(s): ✓ _____ |
| My/Our Account Number: ✓ _____ | My/Our Company Stamp/Signature(s)/Thumbprint(s)*: ✓ _____ (As in Financial Institution's records) |

PART 2: FOR BILLING ORGANISATION'S COMPLETION

| | | | |
|------|--------|------------------------------------|---|
| Bank | Branch | Billing Organisation's Account No. | Billing Organisation's Customer Ref No. |
| | | | |
| | | | |

| | | |
|------|--------|---------------------------|
| Bank | Branch | Account No. To Be Debited |
| | | |
| | | |

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number |
| <input type="checkbox"/> Signature/thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others: _____ |

| | | |
|---------------------------|----------------------|------|
| Name of Approving Officer | Authorized Signature | Date |
|---------------------------|----------------------|------|

* For thumbprints, please go to the branch with your identification
 # Please delete where inapplicable