SI 1: APPLICATION FOR STANDING INSTRUCTIONS IN SGD

To: POSB – Account Services, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, Singapore 486029

- Please complete form in BLOCK letters.
- (*) Delete if not applicable.
- Account holder must be at least 16 years old

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: PAYMENT INSTRUCTIONS

Please debit the service charge of S$10 per application from my DBS/POSB Account number stated above. Please debit my/our DBS/POSB Account number stated above and credit the money to the following party:

Reference No. (if any) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Bank 7171 Branch 120 Account No. 5733760

Beneficiary's Name (in full) DARUL HUFFAZ LEARNING CENTRE

Payment Amount [ ][ ][ ][ ][ ][ ][ ][ ] - 00 cents

Payment starting from [ ][ ][ ][ ] (M M Y Y Y Y) Payment ending 129999 (M M Y Y Y Y) (Fill in 129999 if there is no expiry date)

Frequency of Payment (please tick one) : ☐ Daily ☐ Weekly ☑ Monthly ☐ Fortnightly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Date of Payment 01 (Compulsory field)

Last Payment Amount [ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ] cents (not applicable if there is no expiry date)

Notes:

- For payment to start in the current month, your application form needs to be submitted at least 7 working days before the first payment date. Otherwise, the first payment may only start on the next payment cycle.
- If the date of payment falls on a non-business day, it will be paid on the following business day. Business day is from Monday to Friday, excluding public holidays for interbank payments, and Monday to Saturday, excluding public holidays for payment to DBS/POSB accounts.

PART 2: CREDITING INSTRUCTIONS (For crediting to POSBkids Account only)

Please debit my/our DBS/POSB Account number stated above and credit the money to this POSBkids Account:

POSBkids Account No [ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ]

Payment Amount [ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ] cents

Payment starting from [ ][ ][ ][ ] (M M Y Y Y Y) Payment ending [ ][ ][ ][ ] (M M Y Y Y Y) (Fill in 129999 if there is no expiry date)

Note: Crediting POSBkids Trust Account will be on 3rd of the month.

AGREEMENT

I/We understand and accept the following terms and conditions:

1. The Bank is not obliged to effect payment if my/our account does not have sufficient funds to meet it or to meet payment of all charges, fees or other sums payable by me/us to the Bank.
2. On the date of effecting payment, the Bank reserves the right to determine the priority of this payment order against cheque presented or any other existing arrangements made with the Bank.
3. The Bank may terminate this order at any time by notice in writing to the applicant at the last address notified to the Bank or without notice at any time after being advised by the beneficiary that no further payment is required.
4. This order will remain effective notwithstanding my/death or bankruptcy/liquidation until notice of such death/bankruptcy/liquidation on the revocation of this order is received by the Bank.
5. In consideration of your agreeing to act on this authorisation, I/We or and my personal representative (s) hereby agree and undertake not to hold you liable for any act or thing which you may do in reliance on this authorisation, and further agree and undertake to indemnify you for all liability, damage, loss and expenses (including legal costs as between solicitor and client on a full indemnity basis) which may be incurred or suffered by you in relation to or arising out of the payments made hereunder. I further agree to waive any rights, claims, actions or proceedings I may have against you for any losses or liabilities I may suffer as a consequence of your acting on this authorization, including any errors or omissions in the above payments.

_____ _____

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: _____