



STANDING ORDEI To: Robinson Road P O Box		532			APPLICATION FORM
YOUR PARTICULARS					
Account Name					
Account No.				Account Currency	
YOUR PAYEE'S PARTICUL	ARS				
I/We hereby authorise the Ba	ank to issue payment t	o the following payee:			
Full Name Of Payee					
Payee's Account No.					
Bank Code		Branch Code			
Payee's Bank					
Payee's Address/ Payee's Bank Address*					
1 dyce o Bank Address					
YOUR PAYMENT DETAILS	[Please tick (/) one	box only, where applicable]		
Payment Method	☐ Demand Draft	Cashier's Order	☐ Telegraphic Transfer	GIRO	
Frequency Of Payment* (^ Not applicable for GIRO Standing)	_ ,	htly* / Monthly / Bi-Monthly	/ Quarterly / Half-Yearly / Y	early	
Date Of First Payment			No. Of Payment(s)		
Date Of Last Payment Currency Type					
D D M M Y Y (Leave blank if you wish the instructions to continue until further notice)					
Payment Amount	\$	-	Last Payment Amount \$ \$ ("If amount differs from payment am		-
Reference No.					
Remarks					
AUTHORISATION & AGREE	MENT				
I/We confirm that I/we have received, read and understood and that I/we agree to be bound by the Bank's Terms and Conditions Governing Accounts and Services.					
I/We authorise the Bank to debit my/our account with the payment(s) indicated above and credit the same to the payee's account, notwithstanding that to do so may result in an overdraft or an increase of the overdraft on my/our account. The Bank is under no obligation to make such payment(s) if my/our account does not have sufficient funds on the day that payment(s) is/are due nor to effect overdue payments even though funds are deposited in my/our account subsequent to the due date for payment(s).					
I/We acknowledge that the Bank shall be entitled to effect currency conversion at the Bank's own rate of exchange for remittance in foreign currency by cashier's order, demand draft or telegraphic transfer. I/We understand that a charge will be levied on each standing order payment that is rejected due to insufficient funds, in accordance with the Bank's Terms and Conditions Governing Accounts and Services.					
Bank, it being understood that Bank. I/We acknowledge that	at the Bank may, at its t any alteration and ca	absolute discretion, determine	this arrangement by giving writ ated above should reach the Ba	ten notice to me/us a ank at least seven (7)	y one of us and delivered to the at my/our address last known to the business days before the next nday or Public Holiday.
, ,	nds, losses, actions, p	roceedings, damages, charges			e and to indemnify the Bank from ity basis arising from the Bank's
(For GIRO Arrangements C No debit advice will be sent. Global Currency Account.		e reflected in your UOB Curren	t/Savings Account or bill stater	nent(s). This standing	g order is not applicable to the UOB
Thumbprints (if any) mus	t be affixed in the presen			Date	
Please bring your NRIC/Passport for identification purpose. FOR BANK USE ONLY					
Attended By		Signature(s) Verified By		Approved By	
Signature & Name	Date	Signature & Name	Date	Signature & Name	e Date

^{*} Please delete where inapplicable.

Please send us your application with this prepaid business reply folder.

- 1. Fold along the dotted lines.
- 2. Fold and insert your application form and any other required document into this prepaid business reply folder.
 - 3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
 - 4. Drop your sealed prepaid business reply folder into your nearest post box.

BUSINESS REPLY SERVICE PERMIT NO. 02649

ես||գ|եկ|լվկեկգկ|

UNITED OVERSEAS BANK LIMITED

Robinson Road P.O. Box 1282 Singapore 902532 Postage will be paid by addressee. For posting in Singapore only.