Interbank Giro

APPLICATION FORM

Please remember

- to countersign any amendments
- correction fluid/tape is not allowed
- to return the original form to Singapore Life Ltd.
- For POSB/DBS Account Holders, you can apply for GIRO via ibanking. For more details, please visit www.singlife.com/premium-payments

AUTHORISATION AND DECLARATION

1. I/We hereby instruct and authorise Singapore Life Ltd. ("Singlife") to debit my/our bank account to pay for my policy/policies.
2. I/We authorise the Bank to reject Singlife's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Singlife.
4. I/We consent to Singlife collecting, using and/or disclosing my/our personal data for the processing of the transaction as described in this form; statistical, research, compliance, audit and regulatory purposes; and such other purposes ancillary or related to the administering of the cover(s), policy(ies), account(s) and/or managing my/our relationship with Singlife.
5. I/We also consent to Singlife disclosing and transferring my/our personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including Insured Member's(s') financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
6. Where applicable, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:
   (i) permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
   (ii) permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
   (iii) permit Singlife to disclose and/or transfer the individual's(s') personal data to Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including the Insured Member/Policy Owner's(s') financial adviser, where applicable), whether located in Singapore or elsewhere, for the above purposes.
7. I/We have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on https://singlife.com/en/pdpa) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting until such time when I/we withdraw the consent or revoke the interbank GIRO arrangement indicated here.

1. FOR APPLICANT'S COMPLETION

Date *(dd/mm/yyyy)*:	**Billing Organisation: SINGAPORE LIFE LTD.**
Bank Name *(please tick one bank below)*: ☐ POSB/DBS ☐ UOB ☐ OCBC ☐ HSBC ☐ Standard Chartered ☐ Others:	**Scheme Policy** *(Please tick where applicable)*: ☐ MINDEF & MHA Group Insurance Scheme ☐ Public Officers Group Insurance Scheme
Bank Account Number:	**Signature(s) / Thumbprint(s)^** *(as in Bank's Record)*:
Bank Account Holder's Name(s):	
Account Holder's NRIC(s):	*^ Please sign and mail the original form to us.* *For thumprint, please visit your bank with identification for verification.*

Name of Main Insured Member	Main Insured Member's NRIC	Relationship to Account Holder

2. FOR OUR COMPLETION

SWIFT BIC	Bank Account No.	Singapore Life Ltd's Customer Reference No.
DBSSSGSGXXX	**0 0 3 9 0 0 1 8 8 6**	**P G** **0 6 8 6**

3. FOR BANK'S COMPLETION

To: Singapore Life Ltd.
This application(s) is hereby **REJECTED** (please tick) for the following reason(s):

- ☐ Signature/Thumbprint# differs/irregular# from bank's records
- ☐ Signature/Thumbprint# is incomplete/unclear#
- ☐ Account operated by Signature/Thumbprint#
- ☐ Wrong account number
- ☐ Amendments not countersigned by Account Holder
- ☐ Others: _____

 # please delete where applicable

Name of Approving Officer _____ Authorised Signature _____ Date (DD/MM/YY) ☐☐ / ☐☐ / ☐☐

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