DIRECT DEBIT AUTHORISATION (FOR <u>SGD</u> ONLY)

PART 1: Please complete and return this form to Lloyds Bank plc

Name of Party to be Credited (The Beneficiary)	Bank	K No.			Bran	ch No).	Acco	unt N	lo.							
Lloyds Bank plc	9	4	9	6	0	0	1	0	1	0	2	6	2	0	2	9	6

I/We hereby authorise you to confirm acceptance/rejection of my DDA to Lloyds Bank plc and further authorise Lloyds Bank plc to initiate and process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of Lloyds Bank plc is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us.

The authorisation shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to me/our address last known to you.

I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting provided that you act in good faith or unless directly caused by or resulting from your or your employees' wilful default or negligence.

Name of Debtor	Deb	otor's	s R	efere	nce		1			1	1	1	Lin	nit for Ea	ach F	aym	ent	
										L								
Details of My/Our Bank Account :																		
Bank Name :			Му	//Our	Bank	Acc	coun	t Nai	ne(s)					My/Ou	Cont	act T	el N	0.
Bank Address :																		
			Ba	ank No).	ī	Bra	nch	No.	Ac	cour	t No						
			My	//Our	Signa	ature	e(s) ·	acc	ordin	g to	ban	k's sp	pecim	nen signa	ture(s)		

PART 2:	Official	Use	Only
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To: Lloyds Bank plc	
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This Application is hereby REJECTED (please tick) for the following reason(s):

Signature/Thumbprint# differs from Financial Institution's records	Wrong account number
Signature/Thumbprint# incomplete/unclear#	Amendments not countersigned by customer
 Account operated by signature/thumbprint#	Others:

Name of Approving Officer

Authorised Signature

Date

Date :

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

Please delete where inapplicable