



STATE BANK OF INDIA

AVP, Operations & Services
State Bank of India
135 Cecil Street, #04-00
Singapore 069536

APPLICATION FOR STANDING INSTRUCTIONS IN SGD

- Please complete form in BLOCK letters.
Account holder must be at least 18 years old

PARTICULARS OF ACCOUNT HOLDER

Name (as in NRIC/Passport)
NRIC/PP No. Contact No.

PART 1: DEBIT INSTRUCTIONS

CIF (if any)
Bank Branch My/Our SBI Savings Account No.
Beneficiary's Name (in full)
Payment Amount
Payment starting from Payment ending
Frequency of Payment: Monthly
Date of Payment (Compulsory field)

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 SBI accounts.

PART 2: CREDITING INSTRUCTIONS (For crediting to SBI Kid Savers Account only)

Please debit my/our SBI Account number stated above and credit the money to this SBI Kid Savers Account:

Kid Savers Account No.

AGREEMENT

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

- 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.
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.
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.
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.
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 authorisation, 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 SBI Branch. For joint-all accounts, all account holders need to sign.

FOR BANK'S USE ONLY

Table with 2 columns: Action by Branch, Action by Account Services. Includes fields for Signature/Thumbprint Verified by, Authorised by, Branch Name/Branch Code, Authorised by, Keyed in by, Report checked by.