APPLICATION FOR INTERBANK GIRO

| Instructions To avoid delays, please ensure that the information provided is complete. If the information is incomplete, the form will be returned back to you. (a) Please continue to pay by cheque until you have received our confirmation letter on the successful application of Interbank Giro. (b) Please ensure that you sign the form in the usual way that you would sign the account with your Financial Institution. (c) Refund will be made to the last bank account that is used for GIRO deduction. (d) For enquiries, please call our Customer service hotline: 6377-6000. | | | | | | | | | | | | | | | |
|--|-------------------|-----------------------------------|--|--------------------------------------|---|----------|-------------------------------------|--------|---------|---------|---------|--------|--------|-------|-------|
| Please tick: | ☐ New Ap | Change | Change of Bank Account | | | | Customer Account No: | | | | | | | | |
| Please comple | ete PART 1 of th | | uil the original | | | | | | | ee Ina | lustria | l Tru. | st | | |
| Date: [DD/MM/YY] Name of Company: Name of Company: | | | | | | | | | | | | | | | |
| To: Name of | Bank | | | | Banl | Branch | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| My/Our Nan | ne(s) As in Ban | k Account: | | | | | | | | | | | | | |
| My/Our Ban | k Account No: | | | | Му | /Our Cor | ntact No(s | s): | | | | | | | |
| | | | | | | | | | | | | | | | |
| My/Our Company Stamp/Signature(s)/Thumbprint(s)*: | | | | | | | | | | | | | | | |
| | | 1 | | Please remember to sign in this box. | | | | | | | | | | | |
| My/Our Signa | | | | | Please impress your thumbprint clearly if your bank account is operated by thumbprint. Please verify the thumbprint at bank. | | | | | | | | | | |
| (a) I/We her my/our a | | u to process D | BS Trustee Lin | nited as tr | ustee o | f Maplet | tree Indus | strial | Trust | instru | actions | to d | ebit a | nd cı | redit |
| (b) You are entitled to reject DBS Trustee Limited as trustee of Mapletree Industrial Trust debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly. | | | | | | | | | | | | | | | |
| | | | until terminate | | | | | | | | | own t | o you | or u | ıpon |
| | Part 2 | : For DBS T | rustee Limite | ed as tru | stee o | f Maple | tree Ind | lustr | rial T | rust' | s Cor | nple | tion | | |
| Bank 7 1 7 1 | Branch D M | - 3 | | I | S Trustee I | | | | | Ref no | D. | | | | |
| Bank | Branch | Account N | o to be debited | | | | | | | | | | | | |
| | | Part 3 | : For Bank / | Finance | Com | oany's (| Complet | ion | | | | | | | |
| To: Finance D | epartment, Maple | etree Industrial T | rust, 10 Pasir Pan | jang Road, | #13-01 | Mapletre | e Business | City | , Singa | pore 1 | 17438 | | | | |
| [] Signature/7 | Γhumbprint # diff | fers from Bank's/somplete/unclear | k) for the followin Financial Instituti | | | [] | Wrong ac Amendm Others: _ | ents n | not cou | ntersig | | | | | |
| Name Of Appro | oving Officer | | Authorise | ed Signatur | e | | $\overline{\mathrm{Da}}$ | te | | | | | | | |