Liberty Insurance Pte Ltd
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: (+65) 6221 8611
Fax: (+65) 6226 3360

APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

(Fill in the spaces indicated with √)

Date: _____

Name of Billing Organization

LIBERTY INSURANCE PTE LTD

Name of Bank:

√ _____

Liberty's Customers' Name:

√ _____

Branch:

√ _____

Liberty's Customer Reference Number

(a) I/We hereby instruct you to process the Liberty Insurance Pte Ltd's ("**Liberty**") instructions to debit my/our account;
(b) You are entitled to reject the 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 charge accordingly;
(c) This authorization will remain force until terminated by either party's written notice to each other at least 30 days prior to the intended date of termination;
(d) The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant;
(e) I/We give consent to Liberty and its employees, related companies, agents and service providers to collect, use and disclose all personal data for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to premium payment, collection, accounting, audit, compliance, regulatory, research, analysis, verification, and dispute resolution. I/We have read and agreed to the terms of the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If any personal data furnished is not about me/us, I/we warrant that I/we have obtained consent from the data subject (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We warrant that all personal data I/we have provided are accurate and complete, and I/we will inform Liberty of any changes to the data as soon as practicable.

My/Our Names(s):

√ _____

My/Our Contact (Tel/Fax) Number(s):

√ _____

My/Our Account Number:

√ _____

My/Our Company Stamp/Signatures(s)/Thumbprint

√ _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANIZATION'S COMPLETION

Bank	Branch	Liberty's Bank Account No.
7 1 7 1	0 0 1	0 0 3 9 2 2 5 7 4 1

Liberty's Customer Reference Number												

Bank	Branch	Account No. to be debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To : LIBERTY INSURANCE PTE LTD
c/o Cheque & Giro
Giro Application
DBS Bank, 2 Changi Business Park Crescent
#07-05, DBS Asia Hub, Singapore 486029

This Application is hereby REJECTED (please tick) for the following reason(s):

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

Name of Approving Officer _____ Authorized Signature _____ Date _____

***For thumbprints, please go to the branch with your identification.**
 # Please delete where inapplicable