

Cashline Instalment Plan

Please read all the following terms before signing and returning the completed form to DBS Bank (Hong Kong) Limited ("DBS"), G.P.O. Box 9011 HK

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| Name of Party to be Credited ("Beneficiary") DBS Bank (Hong Kong) Limited | A/C No. to be Credited (For office use only) 016-370-901500479 |
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I/We hereby authorize the below named bank ("Bank") to effect transfers from my/our account to that of the Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).


I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least three working days prior to the date on which such cancellation/variation is to take effect.

I/We agree that this direct debit authorization shall remain in full force and effect notwithstanding any replacement account number being assigned by the Beneficiary from time to time for whatever reasons to the Cashline Instalment Plan Account specified below.

All fields are mandatory

| | |
|---|-----------------|
| Cashline Instalment Plan Account No. with the Beneficiary | Customer's Name |
| <input type="text"/> | _____ |

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|---|----------------------------|------------|---------------------|
| My/Our Bank Name and Branch | Bank No. | Branch No. | My/Our Bank A/C No. |
| My/Our name as recorded on Statement/Passbook | I.D. Card No./Passport No. | | |
| | | | Date |
|  | | | _____ |
| <p>I/We confirm the above signature(s) correspond with specimen signature(s) of my/our bank account. I/We agree my/our personal data shall be used in accordance with the DBS Bank Group Data Policy Notice, a copy of which is available at branches or by calling the Customer Service Hotline.</p> | | | |

Please note the following terms which shall be binding on you:-

- (1) If the Bank fails to process a direct debit to your account for the full amount due, you will be responsible for payment of the outstanding balance before the payment due date.
- (2) For each direct debit authorization refused by the Bank, a service fee will be charged by the Beneficiary.
- (3) All direct debit authorization, if any, perviously signed by you to the Beneficiary for settlement of payment due under the above Cashline Instalment Plan are hereby cancelled.
- (4) After you have completed and returned this direct debit authorization to the Beneficiary, you shall continue to pay in the usual manner by cash or cheque until you receive a confirmation letter stating the effective date for automatic payment.

Note: If you have any queries, please contact our Customer Service Hotline at 2290 8888.

Debtor's Reference

FOR OFFICE USE ONLY

| REFERENCE NUMBER | ENTERED BY | CHECKED BY | DATE |
|------------------|------------|------------|------|
| SYSTEM UPDATE | | | |
| REMARKS | | | |