



APPLICATION FORM

Please remember



- to countersign any amendments
- that the use of correction fluid/tape is not allowed
- to return the original form to Singapore Life Ltd.
- to provide a copy of the Account Holder's identification document if Account Holder is not the Policy Owner
- For POSB/DBS Account Holders, you can apply for GIRO via ibanking. For more details, please visit www.singlife.com/premium-payments

AUTHORISATION AND DECLARATION

- I/We hereby instruct and authorise Singapore Life Ltd. ("Singlife") to debit my/our bank account to pay for my policy/policies.
- I/We authorise the Bank to reject Singlife's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- I/We consent to this authorisation being in force until terminated by me/us or upon receipt of my/our written revocation to Singlife.
- I/We consent to Singlife (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the below transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
- I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third-party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

1. FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy):		Billing Organisation: SINGAPORE LIFE LTD. PORTABLE MEDICAL INSURANCE	
Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC <input type="checkbox"/> Others: _____		Signature(s) / Thumbprint(s)^ (as in Bank's Record):	
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr		^ For thumbprint, please visit bank's branch with your identification documents for verification.	
Bank Account Number:			
Account Holder's NRIC(s):			
Name of Policy Owner	Policy Owner's NRIC No.	Relationship to Account Holder	Reason if Account Holder is not Policy Owner

2. FOR OUR COMPLETION

SWIFT BIC	Singapore Life Ltd's Bank Account No.	Singapore Life Ltd's Customer Reference No.
DBSSSGSGXXX	0039001886	3084077

3. FOR BANK'S COMPLETION

To: Singapore Life Ltd.

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by Account Holder |
| <input type="checkbox"/> Account operated by Signature/Thumbprint# | <input type="checkbox"/> Others: _____ |

please delete where applicable

_____ Name of Approving Officer	_____ Authorised Signature	____ / ____ / ____ Date (DD/MM/YY)
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