PhillipCapital

Your Partner In Finance

EPS CLOSURE FORM

To: APU DEPARTMENT

DATE: _____

PLEASE CLOSE THE EPS LINKAGE FOR THE FOLLOWING TRADING ACCOUNT:

CLIENT NAME: _____

CLIENT CODE: _____ REMISIER CODE: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

REASON: _____

_____ OR _____

CLIENT'S SIGNATURE

REMISIER / DEALER'S SIGNATURE

ACTION BY APU:

RECEIVED ON: _____

INPUT BY: _____

CHECKED BY: _____

NOTE:

1. EPS closure requires the bank's approval which will take about two weeks.
2. If the bank rejects the application, a re-application will take another 2 weeks for approval by the bank.
   To avoid rejection and re-application, please submit accurate data in this form.

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APPLICATION FORM FOR INTERBANK GIRO

(Please complete Part 1 of this form and return to Phillip Securities Pte Ltd. Incomplete forms may not be processed)

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with √)

Date:

√ _____

Name of Billing Organisation ("BO"):

PHILLIP SECURITIES PTE LTD

To: Name of Bank: (DBS / POSB / UOB / OCBC)

_____

Billing Organisation's Customer's Name:

√ Client Name: _____

Branch:

√ _____

√ Trading Account No:

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
(b) You are entitled to reject the BO's 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.
(c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s) as in Bank's record

√ _____

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

√ _____

My/Our Account Number:

√ _____

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

√ _____

(as in bank's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7171	048	0480059880

Billing Organisation's Ref Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

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

☐ Signature/Thumbprint# differs from Bank's records
☐ Signature/Thumbprint# incomplete/unclear#
☐ Account operated by signature/thumbprint#
☐ Wrong account number
☐ Amendments not countersigned by customer
☐ Other reason(s):

_____

_____ Name of Approving Officer

_____ Authorised Signature

_____ Date

* For thumbprints, please go to the branch with your identification.

Please delete where inapplicable.

PSPL GIRO FORM
MAR 2026