



# 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](http://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](http://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.
<b>DBSSSGSGXXX</b>	<b>0039001886</b>	<b>3084077</b>

## 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)