APPLICATION FORM FOR INTERBANK GIRO

Date: Name of Billing Organisation ("BO") MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.	PART 1: FOR APPLICANT'S COMPI	LETION (Fill in the spaces indicated with 🗸)
Branch:	Date:	Name of Billing Organisation ("BO")
Branch:		MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
Branch: Agreement Number	To: Name of Financial Institution:	Name of Customer
(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. Account Holder's Name My/Our Contact (Tel/Fax) Number(s): My/Our Company Stamp/Signature(s') Thumbprint (As in financial Institution's records) PART 2: FOR BILLING ORGANISATION'S COMPLETION Bank Branch Billing Organisation's Account No. 7 4 6 3 0 1 2 5 4 1 9 4 4 0 0 0 Bank Branch (Account No. To Be Debited) PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION To: Mitsubishi HC Capital Asia Pacific Pte. Ltd. 111 Somerset Road #14-05 Singapore 238164 This Application is hereby REJECTED (Please tick) for the following reason(s): Signature/Thumbprint# iffers from Financial Institution's records Signature/Thumbprint# incomplete/unclear# Amendments not countersigned by customer Others:		
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	☐ Signature/Thumbprint# incomplete/unclear#	☐ Amendments not countersigned by customer
Name of Approving Officer Authorised Signature Date	Name of Approving Officer Authoris	ised Signature Date

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