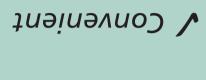
- Please continue to use your current payment method for all your bills until your GIRO application is approved. Please check your bill for effective date. Your GIRO arrangement is only effective when this message "The outstanding balance shown in the invoice will be debited from your bank account" appears in your bill.
- 2. A deduction will only be made from your bank account on the due date of the bill. Please maintain sufficient funds in your bank account for deduction on the due date.
- 3. All amounts successfully deducted will be reflected in your bank statement. You will continue to receive your monthly bills.
- 4. You may arrange for another party to pay your bill through GIRO deduction. You will need to state your Sembcorp Power account number on his or her GIRO form.
- 5. Some banks levy a surcharge for unsuccessful deduction for reasons such as insufficient balance in your bank account. Your bank will assist you on enquiries of this nature.
- 6. Any refund of charges arising from your final bill when you close your utilities account, will be returned to the last bank account that is used to pay your bill through GIRO deduction.
- 7. Please call Sembcorp Power Hotline at 6727 8833 for any enquiries.
- 8. Sembcorp Power Pte Ltd reserves the right to add, amend and/or modify these terms at its sole discretion at any time without giving any reason thereof.

Attn: Retail Operations Team
Sembcorp Power Pte Ltd
30 Hill Street
#02-01
Singapore 179360

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BUSINESS REPLY SERVICE PERMIT NO. 09460 Postage will be paid by addressee. For posting in Singapore only.

Do not staple



✓ Hassle-free

V No more queuing seupes





Sembcorp Power Pte Ltd 30 Hill Street #02-01 Singapore 179360 For enquiries, please call 6822 3293 Website: www.sembcorp.com

## APPLICATION FORM FOR INTERBANK GIRO

Pa	rt 1	I : To b	e co	mple	ted by	app	licant											
Date :													Sembcorp Power Account Holder's Name:					
To: Name of Bank:												-	Sembcorp Power Account Holder's Address:					
Bra	ncł	n:																
												_	Combos	rn D	Power Account No :			
												1	Sembcorp Power Account No.:					
<ul> <li>(a) I/We hereby instruct you to process Sembcorp Power's instructions</li> <li>(b) You are entitled to reject Sembcorp Power's debit instruction if my/vyou may also at your discretion allow the debit even if this results in</li> </ul>														//our account does not have sufficient funds and charge me/us a fee for this.				
(c)																		
(d)	· ·																	
My/	Dur	Name(s	s) As	In Ba	nk Acc	ount	:											
My/	Лу/Our Bank Account No.:												My/Our Contact (Tel/Fax) No(s):					
_	My/Our Signature(s)/Thumbprint(s)/Company Stamp (as in bank's records)													For company, please remember to imprint Company Stamp also.				
Pai	t 2	: For Ser	nbc	orp Po	wer's c	omp	letion											
Б	ınk			Branc	h	Con	nbcorp F	2014	r Do	nde A	0001	ınt Ni		7	Comboorn Dower Assount No.			
7	1111	1 7	1		3	0	0 3					_	3 8		Sembcorp Power Account No.			
Ва	nk			Branc	h	Acc	ount No	. To	Ве [	Debite	ed				Verified by / Date			
Pai	+ 2	: For Ba	nk'c	comr	olotion													
		mbcorp F																
		Street #0				9360	1											
Thi	•	plication		•		,	•	′		ollowir	ng re	ason(	s):		1			
Signature/Thumbprint# differs from Bank's records														Wrong account no.				
	Sig	nature/T	huml	print#	incomp	lete/	unclear#						Amendments not countersigned by applicant					
	Aco	count ope	erate	d by si	gnature	/thun	nbprint#								Others (please specify) :			
-		Nam	ne of	Appro	ving Off	icer		_				Bank'	s Authoris	ed Si	Signature Date			
	* F	or Thum					the bra	nch v	with	vour i					# Please delete where applicable.			
			•	, I-		•				•					• •			