

APPLICATION FORM FOR INTERBANK GIRO

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

Date*: (dd/mm/yyyy) 15/07/2014

To*: (Name of Bank - the bank from which you authorise your monthly deductions from)

POSB

Branch*:

(Kindly indicate which Bank Branch your account is located in)

ANG MO KIO CENTRAL BRANCH

Name of Billing Organisation (BO):

Singapore Precious Metals Exchange Pte Ltd

Billing Organisation's Customer's Name*:

(Full name must match SGPMX's and your bank's records)

ANSON LEE CHEW MING

SGPMX Username: (This is the email address used to log in to SGPMX)

Anson1112@gmail.com

Kindly indicate the amount of gold and/or silver you would like to accumulate on a monthly basis:

Gold: (multiples of 1g per month)

2

Silver: (multiples of 10g per month)

30

Kindly Indicate a Delivery Method or Storage:

(Tick one box. If you choose to have your bars delivered handling and delivery charges will apply)

Deliver:	<input type="checkbox"/>
Secure Storage:	<input checked="" type="checkbox"/>

(a) I/We hereby instruct you to process the BO's instruction 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.

(d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

138-16722-6

My/Our Account Number*

ANSON LEE CHEW MING

+65 8272 9918

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

Ansonlee

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

(Full name must match SGPMX's and your bank's records)

My/Our Company

Stamp/Signature(s)/Thumbprint(s)*

PART 2: FOR BILLING ORGANISATION'S (BO) COMPLETION

Bank Code:	Branch Code:	BO's Account No.:	Billing Organisation's Reference No.:																	
7171	003	0039242018																		

Bank Code:	Branch Code:	Account Number to be Debited:

PART 3: FOR BANK'S COMPLETION

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

Signature/Thumbprint# differs from Bank's records

Wrong account number

Signature/Thumbprint# incomplete/unclear*

Amendments not countersigned by customers/BO

Account operated by signature/thumbprint*

Other reason(s): _____

Name of Approving Officer

Authorised Signature

Date

*For thumbprints please go to branch with your identification.

*Please delete where applicable

SAMPLE