Hyflux Energy Pte Ltd
Customer Hotline: (65) 6436 6611
Email us at hyflux_energy@hyflux.com
Visit Hyflux Energy @ www.hyfluxenergy.com

APPLICATION FOR INTERBANK GIRO TO PAY A BILLING ORGANISATION

Please complete all fields. Incomplete forms may not be processed.

PART 1: FOR APPLICANT'S COMPLETION

To: My/Our Financial Institution ("Bank"): *Name of Applicant's bank*

Billing Organisation ("BO"):

HYFLUX ENERGY PTE LTD

My/Our Bank Account Name(s): *Per Bank's records*

Hyflux Energy Electricity Account Name and No.:

My/Our Bank Account No.: *Per Bank's records*

My/Our Contact No.(Tel/Fax) / Email Address:

SWIFT BIC	Customer Bank Account to be debited

(a) 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 for this.

(b) This authorisation will be subject to the terms and conditions in this application and also the Bank's and the BO's terms and conditions.

(c) I/We consent to the Bank's and the BO's collection, use and disclosure of my/our personal data in accordance with the Bank's and BO's respective privacy policy.

Applicant's Signature:
Sign according to Bank's records

_____ _____
Company Stamp/Signature(s)/Thumbprint(s)#* Date
For thumbprints, Applicant to go to the Bank's branch with identification documents

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Hyflux Energy Bank Account No.:

0	4	0	1	1	5	1	6	6	9	7

Hyflux Energy Bank's SWIFT BIC:

MBBESGSGXXX

Hyflux Energy Electricity Account No:

SWIFT BIC	Customer Bank Account to be debited

PART 3: FOR BANK'S COMPLETION

To: **MAYBANK CAPS-KOVAN (996B Upper Serangoon Road Singapore 534736)**

This Application is **REJECTED** (*Check the applicable box*) for the following reasons:

- ○ Signature/ Thumbprint* differs from Bank's records
- ○ Signature/ Thumbprint* differs/ incomplete/ unclear*
- ○ Account operated by signature/thumbprint*
- ○ Wrong account number
- ○ Amendments not countersigned by customer
- ○ Others: _____

_____ _____ _____
Name of Approving Officer Authorised Signature Date

* Please delete where applicable