

I am applying to pay for:

Season Parking charges and refunds will be credited via the same account to me ¹
 Vehicle No.: _____

Managed by CapitaLand Commercial Management Pte Ltd
 (a subsidiary of CapitaLand Singapore Limited)

Application Form For Interbank Giro

Part 1: For Applicant's Completion (Fill In The Spaces Indicated With ✓)

Date: (✓) _____	Name of Billing Organisation ("BO"): One George Street LLP
To: Name of Bank: (✓) _____	Billing Organisation's Customer's Reference Number (Season Parking): _____
Branch: (✓) _____	

- (a) I/We hereby instruct you to process the BO's instructions to: (i) debit my/our account for outstanding charges.
- (b) You are entitled to reject the BO's debit instructions 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.

My / Our Name(s) as in Bank Account: (✓)

My / Our Company Stamp / Signature(s) / Thumbprint(s)²: (✓)

My/Our Account Number: (✓)	
SWIFT BIC ³	Account No to be debited
_____	_____

(As in bank's records)

My / Our Contact: (✓)

Tel	_____
HP	_____
Email ⁴	_____

Part 2: For Billing Organisation's Completion

Bank Account Name of Billing Organisation: **One George Street LLP – Tenancy Acc**

Verified by: _____	SWIFT BIC DBSSSGSGXXX	Billing Organisation's Account No 0039477767
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Part 3: For Applicant's Bank's Completion

To: Billing Organisation

This Application is hereby **REJECTED** (please tick) for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint differs from Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint incomplete/unclear | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Others: _____ |

Name of Approving Officer	Authorised Signature	Date
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¹ Amounts credited would constitute a valid discharge of the BO's obligations due to me/us in respect of such amounts.
² For thumbprints, please go to the branch with your identification.
³ Please obtain SWIFT BIC code from your bank if you are unsure.
⁴ Required for notification of refunds.

Please seal with tape

Please seal with tape

Please seal with tape

Please fold here

Please affix
stamp here or
self-deliver

CapitaLand Commercial Management Pte. Ltd.

168 Robinson Road
#30-01 Capital Tower
Singapore 068912

Attn: Finance Department (Level 28 - CCT)

Please fold here

Please seal with tape