

Oversea-Chinese Banking Corporation Limited

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

Date: _____ ✓
 Name of Billing Organisation ("BO"): ✓ TRUE BUDDHA SHI CHENG TEMPLE

To : Name of Financial Institution _____ ✓
 Billing Organisation's Customer's Name: ✓ _____

Branch: _____ ✓
 Billing Organisation's Customer's Reference No: ✓ _____

(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 authorization 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 authorization and to ensure that no deductions are made thereafter.

My/Our Name(s): _____ ✓
 My/Our Contact (Tel/Fax) Number(s): _____ ✓

My/Our Account Number(s): _____ ✓
 My/Our Company's Stamp/Signature(s)/Thumbprint(s)*: _____ ✓
 (As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.	Billing Organisation's Customer's Ref No.
7339673	861423001		

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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	_____ Authorized Signature	_____ Date
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* For thumbprints, please go to the branch with your identification

Please delete where inapplicable