

DIRECT DEBIT AUTHORISATION

Please complete PART I of this form without any amendments and return to us at:
"Singapore Cruise Centre Pte Ltd, 1 Maritime Square, #07-01 HarbourFront Centre, Singapore 099253, Attn: Finance Dept

Part 1 : For Applicant's Completion (Fill in the spaces indicated with □)	
Date:	Name of Billing Organisation ("BO"):
□	SINGAPORE CRUISE CENTRE PTE LTD
To: Name of Financial Institution	Billing Organisation's Customer's Name:
	<u> </u>
	Billing Organisation's Customer's Reference Number:
 (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account. (b) The Bank is 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. The Bank may also at its 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 i) the Bank's written notice sent to my/our address last known last known to the Bank; ii) upon the Bank's receipt of my/our written revocation; or iii) upon the Bank's receipt of the notice of expiry from the BO. 	
My/Our Name(s) (Account Holder's Name)	My/Our Contact (Tel/Fax) Number(s)/E-mail address:
D	D
My/Our Account Number:	My/Our Company Stamp/Signature(s) Thumbprint(s)*:
Part 2 : For Billing Organisation's Completion	(As in Financial Institution's records) For thumbprints, please go to the branch with your identification.
SWIFT BIC Billing Organisation's Accordance 0 C B C S G S G X X X 5 0 1 7 1 0 9	
SWIFT BIC Account No. to be Debited	
Part 3 : For Financial Institution's Completion	
To: Singapore Cruise Centre Pte Ltd, 1 Maritime Square, #07-01 HarbourFront Centre, Singapore 099253	
This Application is hereby REJECTED (Please tick $\sqrt{\ }$) for the following reason (s):	
☐ Signature/Thumbprint [#] differs from Financial Institution's records	☐ Wrong account number
 □ Signature/Thumbprint[#] incomplete/unclear[#] □ Account operated by signature/thumbprint[#] 	☐ Amendments not countersigned by applicant☐ Others
Name of Approving Officer Authorised Signat	ure Date

^{*}Please delete where inapplicable