

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

**I am applying to pay for:**

Season Parking   
Vehicle No.: \_\_\_\_\_

**Application Form For Interbank Giro**

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

Date: ( √ ) <input style="width: 95%;" type="text"/>	Name of Billing Organisation ("BO"): <b>HTSG AS TRUSTEE OF MSO TRUST</b>
To: Name of Bank: ( √ ) <input style="width: 95%;" type="text"/>	Billing Organisation's Customer's Reference Number (Season Parking): <input style="width: 100%; height: 15px;" type="text"/>
Branch: ( √ ) <input style="width: 95%;" type="text"/>	

- (a) I/We hereby instruct you to process the BO's instructions to: (i) debit my/our account for outstanding charges and (ii) to credit the same account for refunds. Amounts credited would constitute a valid discharge of the BO's obligations due to me/us in respect of such amounts.
- (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)<sup>1</sup>: ( √ )

My/Our Account Number: (√)

SWIFT BIC <sup>2</sup>	Account No to be debited
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

(As in bank's records)

My / Our Contact: ( √ )

Tel	<input style="width: 80%;" type="text"/>
HP	<input style="width: 80%;" type="text"/>
Email <sup>3</sup>	<input style="width: 80%;" type="text"/>

Part 2: For Billing Organisation's Completion

Bank Account Name of Billing Organisation: **HTSG AS TRUSTEE OF MSO TRUST**

Verified by: <input style="width: 95%;" type="text"/>	SWIFT BIC <b>DBSSSGSGXXX</b>	Billing Organisation's Account No <b>0039270623</b>
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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<br><input type="checkbox"/> Signature/Thumbprint incomplete/unclear<br><input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Wrong account number<br><input type="checkbox"/> Amendments not countersigned by customer<br><input type="checkbox"/> Others: _____ |
|--|--|

Name of Approving Officer	Authorised Signature	Date

<sup>1</sup> For thumbprints, please go to the branch with your identification.  
<sup>2</sup> Please obtain SWIFT BIC code from your bank if you are unsure.  
<sup>3</sup> 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 - MSOT)

Please fold here

Please seal with tape