



LIFE INSURANCE APPLICATION FORM-DIRECT PURCHASE

For Office Use only

Proposal No.

Receipt No.

Payment Received date

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS POLICY.

KINDLY COMPLETE FULLY IN CAPITAL LETTERS and tick boxes (v) as appropriate

NOTE: I. All Questions must be Answered II. Please mark "NIL" in case of no information

SECTION 1: DETAILS OF THE PERSON TO BE INSURED

1.1 Personal Details:

Salutation: Mr / Mrs / Mdm / Miss / Dr Full Name (as shown in NRIC/FIN/Passport)	NRIC / FIN / Passport No.	Date of Birth (DD / MM / YYYY) <table style="width: 100%; height: 20px; border: 1px solid black; margin: 5px 0;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Age Next Birthday: _____ Years									
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR Other _____ (Please give nationality)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Height (cm)	Weight (kg)								
If you are a foreigner, Have you resided in Singapore for at least last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No What type of Singapore Visa do you hold: Employment Pass/Dependent Pass/S-pass/work pass/Other <p style="text-align: center;">If Other, Specify _____</p>											
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced											



1.2 Communication Details:

Residential Address:	Contact Number: Home <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Office <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Handphone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing Address (Proof of address is required if different from the above)	Permanent Address if any (In case of PRs /Foreigners)
<p>For existing policyholders: If your contact information on this form is different from those in our records, we will update it in all your policies. If you do not want us to update the contact information for any specific policies, please give these policy number(s):</p>	
Email	

1.3 Income & Occupation Details:

Occupation	Industry
Name of Company or Organisation:	Exact Duties:
Yearly Income from employment or salary	S\$
Yearly Income from other sources	S\$
Do you participate or plan to participate in a risky activity or occupation such as aviation, bomb disposal, scaffolding, scuba diving, rock or mountain climbing, motor racing or any other extreme or hazardous activity	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Give details:



SECTION 2: DETAILS OF THE PROPOSER (IF DIFFERENT FROM PERSON TO BE INSURED)

Relationship to the Proposer <input type="checkbox"/> Child (Below age 18 next birthday) <input type="checkbox"/> Spouse <input type="checkbox"/> Others _____ (Please give details)																											
Full Name (as in NRIC/FIN/ Passport)		NRIC / FIN / Passport No.	Date of Birth(DD / MM / YYYY) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>																								
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Occupation		Name of Company or Organisation:																									

SECTION 3: DECLARATION OF BENEFICIAL OWNERSHIP

I declare that I am the Beneficial Owner* of the policy. Yes No

If you are not the Beneficial Owner, please provide the details as set out below and send us a copy of the NRIC or Passport

Name	NRIC or Passport Number of the Beneficial Owner	Relationship

*" Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and



Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated.

For avoidance of doubt, completion of this section is not a nomination of beneficiary (ies) under the policy.

SECTION 4: DETAILS OF PLAN AND RIDERS AND PAYMENT			
Basic Plan Name	Sum Assured	Policy Term	Premium Amount (S\$)
	S\$	Years	S\$
Method* of Initial Payment	Premium Frequency	Method* of Subsequent Payment of Premiums	
Cheque <input type="checkbox"/> Cashier order <input type="checkbox"/> (MUST submit cashier's pay- in-slip) Cheque / Cashier order should be made payable to 'Life Insurance Corporation (Singapore) Pte Ltd'	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> GIRO <input type="checkbox"/> Cheque <input type="checkbox"/> Cashier Order (MUST submit cashier's pay- in-slip) GIRO Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>*Note: 1) Life Insurance (Corporation) Singapore Pte Ltd accepts insurance premiums payments from the Proposer or from the legal spouse, parent or grandparent of the Proposer only. 2) GIRO form can be submitted by the Proposer or the legal spouse, parent or grandparent of the Proposer 3) In case GIRO is returned a service fee of S\$30 will be charged.</p>			

SECTION 5: SOURCE OF FUNDS AND WEALTH	
Insurance premium for this application is paid by:	<input type="checkbox"/> Proposer or self <input type="checkbox"/> Others
If Insurance premium is paid by Others give:	
Name of the Payer: _____	NRIC/FIN/Passport of the payer: _____
Relationship to the Proposer: _____	Contact number: _____
Documents submitted as evidence of relationship: _____	

5.1 Source of Funds & Source of Wealth

Please provide details of origin of funds to pay the premium and activities that generated the funds. Also provide source of wealth(Assets)	Source of funds to pay premium	Source of Wealth			
		Insured	Proposer (If different from the Insured)	Payer (If different from the Insured)	Beneficial Owner (If different from the Insured)
Employment (Salary, bonuses and/or commissions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business/Trade Income (profits, dividends etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Income (shares, unit trusts etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Assets (business, property or others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance pay out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement/CPF funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify					

Details of the supporting documents attached:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

We reserve the right to conduct further Investigations and/or request for further information or documentary evidence from time to time in order to comply with the prevailing laws and regulatory requirements. Failure or refusal to provide information and/or documentary evidence requested may be construed unfavourably against You and We reserve the right not to accept You as a policyholder or to terminate any existing coverage without any liability on Our part.

SECTION 6: UNDERWRITING INFORMATION OF THE PERSON TO BE INSURED

6.1 INSURANCE HISTORY OF THE PERSON TO BE INSURED

1. Have you ever had an application for insurance, reinstatement or renewal for life, TPD insurance, critical illness, hospitalisation or long term care been deferred, declined or accepted with special conditions (e.g. loading or exclusion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	
2. Have you claimed or are you in the process of claiming on any disability, critical illness, hospitalisation or long term care policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

6.2 STATEMENT REGARDING HABITS OF THE PERSON TO BE INSURED

1. Have you smoked, or consume tobacco or nicotine products in the last 12 months (eg cigarette, e-cigarette, cigar, cigarello, pipe, chewing tobacco, nicotine patch or gum etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details (frequency and quantity of consumption)	
2. Do you consume alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details (frequency and amount of consumption)	
3. Have you ever taken any addictive drugs or substance (for example narcotics or glue-sniffing) or been treated for alcoholism ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details	

6.3 PERSONAL STATEMENT REGARDING HEALTH OF THE PERSON TO BE INSURED

If your answer is "YES" to any of the questions please give specific details pertaining to the Diagnosis, date of diagnosis, Treatment/Medication, Tests done, with their results and whether or not the condition was resolved.

1. Have you ever had, been told you have, or received treatment for:

a) High blood pressure, high cholesterol, chest pain, heart attack or any other condition of the heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Cancer, abnormal growth of any kind or disorder of the blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Diabetes, raised blood sugar or thyroid disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Stroke, temporary ischemic attack, epilepsy, paralysis or any disease or condition of the nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Fatty liver, hepatitis in any form or any other liver disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Asthma, tuberculosis or any other disease or condition of the lungs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Blood or protein in the urine or any disease or condition of the kidneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Ulcer or any disease or condition of the stomach, bladder or intestines	<input type="checkbox"/> Yes <input type="checkbox"/> No



i) Anxiety, depression or other similar condition, HIV or AIDS, or any disease or disorder of the eyes, ears or spine, muscles or bones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) any other disease, condition or illness not already mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following details to any question above that was answered yes:					
Question Number	Condition	Treatment/ Medication	Date(s)	Still on follow up?	Doctor or hospital consulted.

2. Have you had an electrocardiogram, X-Ray or Screening, blood urine or stool examination in last two years? Yes No

If yes, provide the details: _____

3. Do you have any signs or symptoms for which you have not yet consulted a doctor or sought treatment or is currently pending medical investigation? Yes No

If yes, provide the details: _____

6.4 QUESTIONS PERTAINING TO JUVENILE LIFE

(To Be Completed if age of the person to be insured is below 12 years)

1) Was the child born prior to 30 weeks? Yes No

If yes, either provide a copy of the CHB or answer the following:

Weight at birth _____ Length at birth _____

APGAR at 1 minute _____ APGAR at 5 minutes _____

If any ongoing follow up or monitoring required, give details:

_____ Yes No

If no, give details _____

2) Has the child ever had, been told you have, or received treatment for Kawasaki disease, G6PD deficiency, mental or physical developmental delay, autism, ADHD Yes No

If yes, provide the details: _____

3) Are all the siblings equally insured (or have concurrent pending applications). Yes No

If no, provide the details: _____

6.5 FAMILY HISTORY OF THE PERSON TO BE INSURED

Has any of your biological parents or siblings had any of the following before the age of 60; Alzheimer's disease, cancer, diabetes, heart disease, stroke, or hereditary disease (such as polycystic kidney disease or Huntington's Chorea)? If yes, please provide details below:

Relationship	Condition	Age at onset	Age at death (if deceased)

6.6 TRAVEL INFORMATION OF THE PERSON TO BE INSURED

In the past 12 months have you travelled out of Singapore for more than 30 days or do you expect to do so within the next 12 months? If yes, provide details:

List the countries travelled, duration of each trip and number of trips/year.	Past 12 months	Next 12 months

SECTION 7: REPLACEMENT OF EXISTING POLICIES

Do you have any existing policy or any other Insurance applications pending ? If yes please

Name of Company	Sum Assured			Critical Illness	Hospitalisation	Year Issued	Are you Replacing?
	Life Insurance	TPD(Total &Permanent Disability)					
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide the details: _____

It is not advisable to replace an existing life insurance policy with a new one due to the following reasons.

- i. The insurance may not be granted on standard terms*
- ii. You may have to pay a higher premium on account of increase in age*
- iii. You may lose the financial benefits accumulated over the years*

(Please consult your present insurer before making a final decision. Make a careful comparison so that you are sure that you are making a decision that is in your best interest)

SECTION 8: DECLARATIONS

8.1 DECLARATION ON POLITICALLY EXPOSED PERSON (PEP)

Is the Proposer or beneficial owner a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Proposer or beneficial owner a close associate of a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please provide details	
Name of the PEP or person connected to PEP:	
Relationship with PEP	



1. Politically Exposed Person (PEP) is an individual who is or has been entrusted with prominent public functions whether in Singapore or foreign country. Prominent public function as defined in MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism includes the roles held by head of state, a head government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporation, senior political party officials, members of the legislature and senior management of international organisations.
2. Close associate person means an individual who is closely connected to a politically exposed person either socially or professionally. Examples of close associate person include parent, step-parent, child, step-child, adopted child, spouse, sibling, stepsibling and adopted sibling.

8.2 TAX RESIDENCY DECLARATION

Count /Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* (“TIN”) (See Appendix)

Please complete the following table indicating:

- (i) the country(ies) where the Account Holder is a tax resident (include Singapore if applicable. **TIN for Singapore is NRIC/FIN**. For individuals without a NRIC/FIN it will be ITR issued by IRAS);
- (ii) the Account Holder’s TIN for each country indicated. If the Account Holder is tax resident in more than three countries, please use a separate sheet.

Country/Jurisdiction of tax	TIN	If No TIN available, enter Reason B or C as below
1.		
2.		
3.		
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents		
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)		
Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)		
Please explain why you are unable to obtain a TIN if you selected Reason B above.		

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with Life Insurance Corporation (Singapore) Pte Ltd setting out how Life Insurance Corporation (Singapore) Pte Ltd may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Life Insurance Corporation (Singapore) Pte Ltd within 30 days of any change in



circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide [the Financial Institution that maintains the account/FI's name] with a suitably updated self- certification and Declaration within 90 days of such change in circumstances.

I understand that under the Singapore Laws on International Tax Compliance, it is an offence for a person to provide information regarding his/her tax residency status which is false or misleading in a material particular, if such person knows or has reason to believe that such information is false or misleading. I am also aware that such offence is punishable with a fine not exceeding S\$10,000 or imprisonment for up to 2 years or to both. For more information in CRS self-declaration, please refer to our website https://www.licsingapore.com

USA TAX DECLARATION UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a United States (US) citizen or US resident for tax purposes? [] Yes [] No

If your answer is yes, give your Taxpayer Identification Number(TIN)

Table with 10 columns for entering the Taxpayer Identification Number (TIN).

If you are a US Citizen then you are required to complete Form W-9. Please note that any false, misleading information regarding US citizen or US resident status for federal income tax purposes may result in severe penalties.

8.3 PERSONAL DATA CONSENT

I/We consent to Life Insurance Corporation (Singapore) Pte Ltd, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes, ancillary or related to the administering of policy (ies), account(s) and managing my/our relationship with Life Insurance Corporation (Singapore) Pte Ltd

I/We also consent to Life Insurance Corporation (Singapore) Pte Ltd, transferring my/our personal data to third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of the collection, use and disclosure of your personal data, please visit https://www.licsingapore.com

8.4 DECLARATION AND AUTHORISATION

I/We declare and warrant that the answers given in this application are true, correct and complete and I/We accept full responsibility for them whether written by me/us or by anyone else on my/our behalf.

I/We have not withheld any information.

I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf to Life Insurance Corporation (Singapore) Pte Ltd Company or its Medical Examiners shall form the basis of the contract of insurance between me/us and Life Insurance Corporation (Singapore) Pte Ltd and if anything, untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid.

I/We undertake to provide Life Insurance Corporation (Singapore) Pte Ltd such further information and documentary evidence as may be required from time to time.

I/We agree to inform Life Insurance Corporation (Singapore) Pte Ltd as soon as possible if there is any change in the state of my health and/or Insured's health or if I and/or Insured plan to seek any medical consultation, Investigation or treatment between the date of this application and before the date the policy is issued by Life Insurance Corporation (Singapore) Pte Ltd.



I/We understand that Life Insurance Corporation (Singapore) Pte Ltd may impose special terms according to the information provided by me/us. I/We declare and warrant that I/We am/are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.

I/We have read and understood the following:

1. Cover Page, Benefit/Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable); and
2. Direct Purchase Insurance Fact Sheet and Checklist

I am aware that I can ask for a copy of Your Guide to Life Insurance or download them from <https://www.licsingapore.com>.

I/We confirm that the entire marketing and selling process in respect of my/our proposed insurance application has been conducted in Singapore. I/We agree that the policy will be entered in the Register of the Singapore policies.

I/We agree that there shall be no liability upon Life Insurance Corporation (Singapore) Pte Ltd until a policy has been issued and delivered to me and the first premium has been paid in full. Payment of premium before acceptance of this proposal by the Life Insurance Corporation (Singapore) Pte Ltd does not commit the company to issue policy.

I/We agree and authorise

- (i) Any medical source, insurance office or organisation to release to Life Insurance Corporation (Singapore) Pte Ltd and
 - (ii) Life Insurance Corporation (Singapore) Pte Ltd to release to any medical source or insurance office any relevant information concerning me/us at the time, irrespective of whether the proposal is accepted by Life Insurance Corporation (Singapore) Pte Ltd or not.
- A photocopy of this authorisation is valid as an original copy.

I/We understand that it is usually disadvantageous to replace an existing Investment product with a new Investment product, whether from the same or different financial institution.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the adviser but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

SECTION 10: SIGNATURES	
Signed in Singapore on the _____ day of _____ 201_____	
Signature of Proposer	Signature of Witness
	Name & NRIC of Witness



PROPOSAL SUBMISSION CHECKLIST

Documents Submitted:

- Proposal form
- Appendix I: Fact Sheet and Checklist
- Appendix II: DPI Fact Sheet Supplementary Form(Relating to "Selected Client & Trusted Individual"
- Cover Page, Policy Illustration, Product Summary and Bundled Product Disclosure (if applicable)
- NRIC/FIN
- Passport (Other than Singaporeans & PRs)
- Employment/ Dependent Pass (Other than Singaporeans & PRs)
- Banker's Pay in slip in case of Cashier's Order or Bank Draft
- GIRO Mandate Form
- Others _____

Premiums Paid: Amount (S\$) _____

Cheque/Cashier Order Number _____ Name of Bank _____