

FIXED DEPOSIT INSTRUCTION FORM

Name (as in NRIC / Passport) :	
NRIC / Passport No. :	Contact No. :

Fixed Deposit Account No. :	
Fixed Deposit Advice No. :	Fixed Deposit Maturity Date :

FIXED DEPOSIT INSTRUCTION
<input type="checkbox"/> Renew principal and interest for _____ months. <input type="checkbox"/> Renew principal for _____ months and withdraw interest . <input type="checkbox"/> Withdrawal of principal and interest. <input type="checkbox"/> Partial withdrawal of \$_____ and balance amount to be deposited to Fixed Deposit Account No. _____ for _____ months. <input type="checkbox"/> Others (pls specify) : _____

Note: Renewal will be at SFL's prevailing interest rates.

MODE OF PAYMENT
<input type="checkbox"/> Cheque payable to me/ us ¹ <input type="checkbox"/> Credit to SFL Savings Account No. _____

¹ applicable to joint account only

INSTRUCTION ON COLLECTION OF CHEQUE/ FIXED DEPOSIT ADVICE
<input type="checkbox"/> Self-collection at _____ Customer Centre <input type="checkbox"/> By normal mail* to the mailing address in SFL records

*SFL shall not be held responsible for any lost/ damaged mails.

I hereby agree to abide by the Terms & Conditions as prescribed by SFL from time to time for the above Fixed Deposit advice and confirm that the information given is correct.

Signature/ *Thumbprint Of Account Holder NRIC/ Passport No. : Date :	Important Notes <ul style="list-style-type: none"> ▪ Signature will be verified against your respective account specimen signature ▪ *For thumbprint, please proceed to the nearest SFL Customer Centre with your identification document for verification.
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FOR OFFICE USE ONLY	
Verified by : (Name/ Signature/ Date)	Checked & Approved by: (Name/ Signature/ Date)

You may visit any of our Customer Centre with your completed form or mail it to us at :

SINGAPURA FINANCE LTD
150 CECIL STREET
#01-00
SINGAPORE 069543