



Capital Tower

I am applying to pay for

Rental and related charges¹ and
refunds will be credited via the same
account to me ²

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

Application Form For Interbank Giro

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

Date: (✓)

To: Name of Bank: (✓)

Branch: (✓)

Name of Billing Organisation ("BO"):
**HSBC Institutional Trust Services (Singapore)
Limited as Trustee of CapitaLand Commercial
Trust**

Billing Organisation's Customer's Name:

Billing Organisation's Customer's Reference Number :

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account for outstanding charges.
- (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.
- (d) I/We hereby authorise you to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.

My / Our Name(s) as in Bank Account: (✓)

My / Our Company Stamp / Signature(s) /
Thumbprint(s)⁴: (✓)

(As in bank's records)

My/Our Account Number: (✓)

| SWIFT BIC | Account No to be debited |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> |

My / Our Contact: (✓)

| | |
|--------------------|----------------------|
| Tel | <input type="text"/> |
| HP | <input type="text"/> |
| Email ³ | <input type="text"/> |

³It is mandatory to provide the email address. Payment notification will be sent to this email address.

Part 2: For Billing Organisation's Completion

Bank Account Name of Billing Organisation:

HTSG - CAPITACOM CT COLL

Verified by:

| SWIFT BIC | Billing Organisation's Account No |
|--------------------|-----------------------------------|
| DBSSSGSGXXX | 0039010010 |

Part 3: For Applicant's Bank's Completion

To: Billing Organisation

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

- Signature/Thumbprint differs from Bank's records
- Signature/Thumbprint incomplete/unclear
- Account operated by signature/thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Authorised Signature

Date

¹ Excludes utility and car park charges.

² Amounts credited would constitute a valid discharge of the BO's obligations due to me/us in respect of such amounts.

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 27 – CCT GSS)

Please fold here

Please seal with tape