



Managed by Ascendas Services Pte Ltd  
(a subsidiary of CapitaLand Singapore Limited)

Application Form For Interbank Giro

I am applying to pay for:

Rental and related charges<sup>1</sup> and  
refunds will be credited via the same   
account to me <sup>2</sup>

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

Date: ( ✓ )

To: Name of Bank: ( ✓ )

Branch: ( ✓ )

Name of Billing Organisation ("BO"):  
**ASCENDAS VISTA PROPERTY PTE LTD AS  
TRUSTEE OF ASCENDAS VISTA 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
- (d) 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>4</sup>: ( ✓ )

(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 <sup>3</sup>	<input type="text"/>

Part 2: For Billing Organisation's Completion

Bank Account Name of Billing Organisation:

**ASCENDAS VISTA PROPERTY PTE LTD AS TRUSTEE OF  
ASCENDAS VISTA TRUST**

Verified by:

SWIFT BIC	Billing Organisation's Account No
UOBVBSGSG	451 309 379 3

To: Billing Organisation

UOVBSG

Part 3: For Applicant's Bank's Completion

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint differs from Bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint incomplete/unclear          | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint         | <input type="checkbox"/> Others: _____                            |

Name of Approving Officer

Authorised Signature

Date

<sup>1</sup> Excludes utility and car park charges.

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

<sup>3</sup> Required for notification of refunds.

<sup>4</sup> For thumbprints, please go to the branch with your identification.

Please seal with tape

Please seal with tape

Please seal with tape

Please fold here

Please affix  
stamp here or  
self-deliver

**ASCENDAS VISTA PROPERTY PTE LTD AS TRUSTEE OF ASCENDAS VISTA TRUST**

c/o

615 Lorong 4 Toa Payoh #07-00  
Singapore 319516  
Attn: Finance Department

Please fold here

Please seal with tape