| Bill Payment Services Application | Form |
|---|---|
| Application for Phone Banking / Internet Banking / Bill Payment Services | |
| My OCBC Account No. | |
| ☐ Dr. ☐ Mr . ☐ Mrs. ☐ Ms. ☐ Mdm. | For Payment of Great Eastern Life Premium for |
| Name (as in NRIC/Passport): (underline surname) | Policy No: |
| NRIC / Passport No.: | |
| Email Address: | |
| Tel No.: (H)(O)(Mobile) | |
| I agree to abide and be bound by the Terms and Conditions governing Electronic Ban which I have read and any amendments, alterations and additions thereto as may be time be made and I consent to disclosures as provided therein and agree that all payr debited to my account(s) with you. | e from time to |

debited to my account(s) with you.

To: OCRC Bank

Mail the completed form to Great Eastern Life, Customer Services, (Receiving Cashiers - for OCBC Bill Payment Services)
1 Pickering Street, #13-01 Great Eastern Centre, Singapore 048659.
You will hear from OCBC on your access details after 7 working days.