

To: DBS Bank

Bill Payment Services Application Form

Application for Phone Banking / Internet Banking

My *DBS Autosave/Current/Savings or POSB Current/Savings account No.

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Name (as in NRIC/Passport): Mr. Mrs. Ms. Mdm. Dr.
(underline surname)

NRIC / Passport No.:

Email Address:

Tel No.: (H) _____ (O) _____ (HP) _____

I agree to abide by the Terms and Conditions governing Mobile Banking Services and the Terms and Conditions governing Electronic Services (copies available at all Branches).

*For Thumbprint, go to any Branch with identification documents for verification

Signature/*Thumbprint as per bank's records/Date

For Payment of Great Eastern Life Premium for

Policy No:

Mail the completed form to Great Eastern Life, Customer Service, (Cashiers - for DBS/POSB Bill Payment Services)

1 Pickering Street, #13-01 Great Eastern Centre, Singapore 048659.

You will hear from DBS/POSB on your access details after 7 working days.