

APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT (fill in the spaces indicated with √)

√ Date: _____ <hr/> Name of Financial Institution: _____ <hr/> Branch: _____ <hr/>	√ Name of Billing Organisation: ExxonMobil Asia Pacific Pte. Ltd. Orchard Post Office P.O. Box 700 Singapore 912324 <hr/> Paying for (if not applicant): _____ <hr/> Esso Fleet Card Account Number (if any): _____ <hr/>
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- (a) I/We hereby instruct you to process ExxonMobil Asia Pacific Pte. Ltd.'s instructions to debit my/our account.
- (b) You are entitled to reject ExxonMobil Asia Pacific Pte. Ltd.'s debit instruction 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 ExxonMobil Asia Pacific Pte. Ltd.
- (d) I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith, unless the loss or damage is caused by you or your employees' wilful misconduct or negligence.

√ Company Name: _____ <hr/> Bank Account Number to be debited: _____ <hr/>	√ Customer's Contact (Tel/Fax) Number(s): _____ <hr/> Company Stamp/Signature(s)/Thumbprint(s)#: _____ <hr/>
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(GIRO application will take 6-8 weeks for processing, please settle your account by cheque while the application is being processed)

(As in Financial Institution's records)

PART 2: FOR EXXONMOBIL ASIA PACIFIC PTE. LTD.

Financial Institution	Branch	ExxonMobil Asia Pacific Pte. Ltd. Account No.
7 0 6 5	2 1 2	5 7 7 9 6 0 1 8

ExxonMobil Asia Pacific Pte. Ltd. Customer Ref. No.

Financial Institution	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION

To : **ExxonMobil Asia Pacific Pte. Ltd.**
 Orchard Post Office P.O. Box 700
 Singapore 912324

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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
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For Thumbprint, please go to the branch with your identification.