

APPLICATION FOR CLOSURE OF ACCOUNT / REVOCATION OF SERVICES

To : KGI Securities (Singapore) Pte. Ltd. 4 Shenton Way #13-01, SGX Centre 2, Singapore 068807
 Attn. : Customer Services Department

Account Information

Account No(s) : _____
 Account Name : _____
 Expected Effective Date ^ : _____

^ **Please be advised that the applications herein will only become effective upon our actual receipt of the original copy of this application and the completion of our internal process.**

Reason for the Closure of Account / Revocation of Services (optional)

(Please put a tick in the followings where appropriate)

Closure of Account

I/We hereby request and authorise you to close my/our abovementioned securities trading account(s) held with you. Please settle the remaining balance (if any) as per the following instruction.

- Trading representative to issue cheque in my/our name for my/our collection in person.
- Trading representative to issue cheque in my/our name and deliver to my/our *mailing address / Authorised Person.
* Please delete where appropriate.
- Trading representative to remit the amount (less any bank charges and/or handling fees) to my/our designated bank account in your records.

Revocation of Services

I/We hereby request and authorise you to revoke the following service(s) or facility(ies) that are applied to my/our abovementioned securities trading account(s) held with you.

- Electronic Payment for Share (EPS) Trust Authorisation
- GIRO ^^ Investment Management Account (IMA) ^^
- ^^ **Please also give relevant instructions to you bank(s) in respect of the cancellation of this service.**
- Online Trading Facility Letter of Authorisation - Cheque Collection
 - all applicable and available stock exchanges, Trading Representative
 - Third-Party (please provide details below)
- Mandate for third-party to trade on my behalf and to operate my/our account(s) (please provide details below)

For revocation of authorisation given to third party, please provide the particulars of the third party below.

Name : _____ NRIC / Passport No. : _____

Signature(s)	Name(s) of Signatory(ies)	NRIC/Passport No(s) of Signatory(ies)	Company Name (if applicable)	Date
<i>(for joint account, all account holders' signatures are required.)</i>				
<i>(please fill in company name and affix company stamp, where appropriate, for corporate account(s).)</i>				

Sig. verified By:	Email notify TR(s). Done By:	Approved By:	GLOSS Keyed By:	GLOSS Checked By:
Name & Date	Name & Date	Name & Date	Name & Date	Name & Date