

## 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.

- ☐ Issue cheque in my/our name for my/our collection in person.  
☐ Issue cheque in my/our name and deliver the cheque to \* my/our mailing address / the Authorised Person.  
\* Please delete where appropriate.  
☐ 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Electronic Payment for Share (EPS)  | <input type="checkbox"/> Trust Authorisation                         |
| <input type="checkbox"/> GIRO ^^   | <input type="checkbox"/> Investment Management Account (IMA) ^^      |
| ^^ Please also give relevant instructions to you bank(s) in respect of the cancellation of this service.                               |  |
| <input type="checkbox"/> Online Trading Facility   | <input type="checkbox"/> Letter of Authorisation - Cheque Collection |
| <input type="checkbox"/> all applicable and available stock exchanges,   | <input type="checkbox"/> Trading Representative                      |
| <input type="checkbox"/> Third-Party (please provide details below)  |  |
| <input type="checkbox"/> 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
(for joint account, all account holders' signatures are required.) (please fill in company name and affix company stamp, where appropriate, for corporate account(s).)				

FOR OFFICIAL USE

Closure Checklist (For account closure only)		
Department	Initial	Name / Date
Operations – Settlement		
Operations – Custody		
Credit		
Finance		

\*Please submit the closure form after accounts are cleared by four departments.

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