

FIXED DEPOSIT INSTRUCTION FORM

Please use BLOCK LETTERS. * Delete as appropriate. □ Please " \" where applicable.	Date D D M M Y Y Y
Account Information	
Account Name	
Currency Account Number	Currency Deal Number
Account Number	Deal Number
*I/ We the undersigned being the account holder(s) above instruct Standard Chai	rtered Bank to:
A. Fixed Deposit Termination/ Decrease Amount/ Increase Amount	
	Amount
*Terminate/ Increase/ Decrease my account above for the amount of	and the amount to be:
Transfer *to/ from another account with SCB	Remit to other Bank
Currency Account Number	(only applicable for account termination/ decrease amount instruction)
	Beneficiary Details:
	Account Currency Number
	Account Name
Others: (please specify)	ID Card No./ Passport No.
	Bank Name
Reason for deal termination:	
3. Fixed Deposit Instruction Maintenance	
Maintain/ Change the above account with the following instruction:	
Renew principal and interest at prevailing rate for deposit tenor of: 30 days	s 60 days 90 days 120 days
180 day	vs 240 days 360 days Others:
	(Please specify)
Principal to be: Auto rollover Account No.	others: (Please specify)
Principal Amount	
Account Name	
Credit to SCB 1	count Number Others:
Account No.	(Please specify)
Interest Amount Account Name	
Special Instructions:	
Signature of First/ Sole Account Holder:	Signature of Second/ Joint Account Holder:
Name:	Name:
ID Card/ Passport No.:	ID Card/ Passport No.:
Note: Interest will only be allowed to be auto rollover if the Principal is auto rollover.	
For Bank Use Only	
Reason Code: Tax Code: Base Rate:	Signature Verified by: Checked by: Approved by:
Processing Branch:	
Interest Product Code: All In Rate:	
Interest Code:	Branch Officer Signing No.: Branch Officer Signing No.: Branch Officer Signing No.
	() () () (Data Input by: Checked by: Approved by:
Relationship No.: Penalty Fee: Processed on:	,
Master No.: Hub DD/MMVYYYY	