

FIXED DEPOSIT WITHDRAWAL INSTRUCTION FORM

Name (as in NRIC / Passport) :	
NRIC / Passport No. :	
Contact No. :	

Fixed Deposit Account No. :	
Fixed Deposit Advice No. :	Fixed Deposit Maturity Date :

FIXED DEPOSIT INSTRUCTIONS	
<input type="checkbox"/>	Renew principal and interest for _____ months
<input type="checkbox"/>	Renew principal for _____ months and withdraw interest by : <input type="checkbox"/> Cheque payable to me/ us ¹ <input type="checkbox"/> Credit to SFL Savings Account No. _____
<input type="checkbox"/>	Withdrawal of principal and interest by : <input type="checkbox"/> Cheque payable to me/ us ¹ <input type="checkbox"/> Credit to SFL Savings Account No. _____
<input type="checkbox"/>	Partial withdrawal of \$_____ and balance amount to be deposited to Fixed Deposit Account No. _____ for _____ months <input type="checkbox"/> Cheque payable to me/ us ¹ <input type="checkbox"/> Credit to SFL Savings Account No. _____
<input type="checkbox"/>	Others (pls specify) : _____

¹ applicable to joint account only

CHEQUE COLLECTION INSTRUCTIONS	
<input type="checkbox"/> Self-collection	<input type="checkbox"/> By normal mail* to the mailing address in SFL records

*SFL shall not be held responsible for any lost/ damaged mails.

I hereby agree to abide by terms & conditions as prescribed by SFL from time to time for the above FD advice and confirm that the information given is correct.

<p><i>Signature/ *Thumbprint Of Account Holder</i></p> <p>NRIC/ Passport No. : Date :</p>	<p>Important Notes</p> <ul style="list-style-type: none"> ▪ Signature will be verified against your respective account specimen signature ▪ *For thumbprint, please proceed to the nearest SFL Customer Centre with your identification document for verification.
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FOR OFFICE USE ONLY	
<p>Verified by : (Name/ Signature/ Date)</p>	<p>Checked & Approved by: (Name/ Signature/ Date)</p>