REQUEST FOR TERMINATION OF DIRECT DEBIT AUTHORISATION (DDA)

To: Mizuho Bank, Ltd., Singapore Branch   **Date: _____**

GIRO DDA Details

Applicant's Name   : _____

Applicant's Account Number   : _____

Billing Organization   : _____

Billing Organization's Bank   : _____(Optional)

Bill Reference   : _____

Please terminate the above DDA   Immediately   on

_____
Authorized Signatory(s)/Stamp (if any)

Signature Verified
For bank use only

Co. Reg. No. S74FC2413J

RDS/Termination of GIRO DDA/Web/20210701v2