



To: UNITED OVERSEAS BANK LIMITED

I/WE REFER TO MY/OUR FIXED DEPOSIT ACCOUNT NO. _____ IN THE NAME(S) OF _____

AND REQUEST THAT:-

- ALL FIXED DEPOSIT RECEIPTS ISSUED UNDER THE ABOVEMENTIONED ACCOUNT BE AUTOMATICALLY RENEWED ON THE RESPECTIVE DUE DATES FOR _____ * MONTHS AT THE INTEREST RATE PREVAILING AT THE TIME OF RENEWAL
- ALL FIXED DEPOSIT RECEIPTS ISSUED UNDER THE ABOVEMENTIONED ACCOUNT BE AUTOMATICALLY RENEWED ON THE RESPECTIVE DUE DATES FOR THE RESPECTIVE TERMS AS STATED ON THE RESPECTIVE FIXED DEPOSIT RECEIPTS AT THE INTEREST RATE PREVAILING AT THE TIME OF RENEWAL
- FIXED DEPOSIT RECEIPT NO. _____ ISSUED UNDER THE ABOVEMENTIONED ACCOUNT BE AUTOMATICALLY RENEWED ON DUE DATE FOR _____ * MONTHS AT THE INTEREST RATE PREVAILING AT THE TIME OF RENEWAL, AND THE FIXED DEPOSIT RECEIPT RESULTING FROM THIS AUTOMATIC RENEWAL BE SIMILARLY RENEWED.
- FIXED DEPOSIT RECEIPT NO. _____ ISSUED UNDER THE ABOVEMENTIONED ACCOUNT BE AUTOMATICALLY RENEWED ON DUE DATE FOR THE SAME TERM AS STATED ON THE SAID FIXED DEPOSIT RECEIPT AT THE INTEREST RATE PREVAILING AT THE TIME OF RENEWAL, AND THE FIXED DEPOSIT RECEIPT RESULTING FROM THIS AUTOMATIC RENEWAL BE SIMILARLY RENEWED.

(*1, 3, 6, 9, 12, 18, 24 or 36 MONTHS)

THE INTEREST PAYABLE SHALL BE TREATED AS FOLLOWS:-

- TO BE ADDED TO PRINCIPAL
- TO BE CREDITED TO ACCOUNT NO. _____
- TO BE COLLECTED PERSONALLY

I/WE UNDERSTAND AND AGREE TO THE FOLLOWING:-

- THE OLD FIXED DEPOSIT RECEIPT SHALL BE SURRENDERED IN EXCHANGE FOR THE NEW FIXED DEPOSIT RECEIPT.
- THE AUTOMATIC RENEWAL INSTRUCTION SHALL CONTINUE TO BE IN FORCE UNLESS I/WE SHALL HAVE EXPRESSLY CANCELLED IT IN WRITING DELIVERED TO YOU.
- NOTWITHSTANDING THE AUTOMATIC RENEWAL INSTRUCTION, YOU ARE AUTHORISED TO PROCESS WITHDRAWAL OF FIXED DEPOSIT RECEIPT(S) ISSUED UNDER THE ABOVEMENTIONED ACCOUNT AS MAY FROM TIME TO TIME BE REQUESTED BY ME/US ON PRESENTATION OF THE FIXED DEPOSIT RECEIPT(S).

DATE _____

SIGNATURE OF DEPOSITOR(S) _____

FOR OFFICE USE ONLY

ATTENDED: _____ DEPOSITOR'S SIGNATURE VERIFIED: _____ APPROVED: _____

CANCELLATION

I/WE _____ WISH TO AND HEREBY CANCEL THE ABOVE INSTRUCTION.

DATE _____

SIGNATURE OF DEPOSITOR(S) _____