



# APPLICATION FORM FOR EZ-RELOAD BY GIRO (DBS/POSB ACCOUNT)

Please mail the completed form to "EZ-Reload by GIRO, 9 Maxwell Road #03-01 Annexe A MND Complex Singapore 069112", or submit it at any TransitLink Ticket Office. Please note that application processing will take 21 working days.

Gender  Male  Female **Application Fee: \$1.50 per ez-link card**

Name as in NRIC/Passport  Maximum 32 characters

ID Type  NRIC  FIN  Passport - Country of issuance:

ID Number  Date of Birth  -  -

Address

Block / House Number  Unit Number

Building / Street Name

Singapore Postal Code

Telephone Number (Please provide at least one number) Mobile  Home  Office

Email Address

### DETAILS OF EZ-LINK CARD(S)

Please indicate the ez-link card no. (CAN ID) which you wish to be EZ-Reload enabled, as engraved on the ez-link card's reverse side. You may select a maximum of 7 cards.

CAN ID 1	1	0	0	-		-		-	
CAN ID 2	1	0	0	-		-		-	
CAN ID 3	1	0	0	-		-		-	
CAN ID 4	1	0	0	-		-		-	
CAN ID 5	1	0	0	-		-		-	
CAN ID 6	1	0	0	-		-		-	
CAN ID 7	1	0	0	-		-		-	

Please select the **EZ-Reload amount** for your ez-link card. Note that this is not the payment limit.

<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50

**To: DBS Bank / POSB Bank**

Branch:

Bank Account Holder's Name(s):

Bank Account Number:

a. I/We hereby instruct you to process EZ-Link's instructions to debit from my/our account.

b. You are entitled to reject EZ-Link's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through EZ-Link.

d. Amendments made on the form must be countersigned by applicant.

### IMPORTANT NOTE TO APPLICANT

- The ez-link card card will be topped up with the pre-selected value when the stored value on the card is insufficient to cover the transaction amount.
- In addition to the **application fee of \$1.50**, please note EZ-Link will deduct from the bank account indicated in this application form, a **one-time refundable deposit amount** equivalent to your chosen EZ-Reload amount.
- EZ-Link shall also be entitled to charge a **convenience fee of \$0.25** for each EZ-Reload transaction, which shall be charged to the bank account indicated in this application form.
- An **administrative charge of \$2** will be imposed for each unsuccessful deduction of the EZ-Reload amount from your bank account.
- Any change in top-up amount/bank account requires the current facility to be deactivated and a new application form to be submitted. A new application fee will apply.
- EZ-Reload facility is subject to EZ-Link's General Conditions for Issue and Use of ez-link cards and Terms and Conditions for the Use of the EZ-Reload by GIRO Facility which are available for viewing at [www.ezlink.com.sg](http://www.ezlink.com.sg).
- Please complete the form using permanent ink. All corrections must be counter-signed. Do not use correction tape. For more information, please call EZ-Link at 6496-8300 or visit us at [www.ezlink.com.sg](http://www.ezlink.com.sg).

Date  My/Our Signature(s)/Thumbprint(s) as in financial institution's records. For thumbprints, please validate your thumbprint by visiting the bank branch with your identification.

### FOR EZ-LINK'S USE

Application:  Approved  Rejected:

Staff Name  Signature  Approval Date

### FOR BANK'S USE

To: EZ-LINK PTE LTD  
This Application is hereby REJECTED (please tick) for the following reason(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Signature differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number                     |
| <input type="checkbox"/> Signature incomplete/unclear                           | <input type="checkbox"/> Amendments not countersigned by Customer |
| <input type="checkbox"/> Account operated by Signature                          | <input type="checkbox"/> Others:                                  |

Name of Approving Officer  Signature of Approving Officer  Approval Date

7	1	7	1	0	0	3	0	0	3	9	0	9	9	0	5	3
Bank				Branch				BO Account Number								