

RHB INSURANCE OVERDRAFT APPLICATION FORM

- ELIGIBILITY CRITERIA

 Singapore Citizen or Singapore Permanent Resident / Foreigner

 Age 21 years & above
 Policyholder
 Policy with minimum cash / surrender value of \$\$5,000
 Policy is not CPF type or Investment linked
 Policy must be in force and not classified under Section 73 of the Conveyancing and Law of Property Act

DOCUMENTS REQUIRED

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 1. Photocopy of NRIC (front & back) or passport (for foreigners)

 2. Copy of Insurance Policy

 3. Proof of Income (Salaried Person): Latest original computerised payslip AND Income Tax Notice of Assessment OR CPF statement for the past 6 months (Self Employed): Latest original Income Tax Notice of Assessment for the past 2 years

 4. Any other documents as may be requested by the Bank at its sole discretion

IMPORTANT INFORMATION

Applications not supported by the requisite documents or with incomplete information will delay the loan processing.

You are required to open a Current account with the Bank for the servicing of your Insurance premiums. Prevailing account charges apply.

NOTE: Notice of Assessment can be printed via mytax Portal at www.mytax.iras.gov.sg

	RHB INSURANCE OVERDRAFT REQUEST				
LOAN DETAILS					
Amount of Loan Required S\$	Policy Cash Value S\$				
	Name of				
Name of Insured	Beneficiary				
1A) POLICY DETAILS					
Name of Insurance Company	Policy No				
Type of Policy	Regular Premium Single Premium Endowment Others, pls specify				
Date of Policy	Policy Effective Date Sum Assured	d S\$			
1B) POLICY DETAILS					
Name of Insurance Company	Policy No				
Type of Policy	Regular Premium Single Premium Endowment Others, pls specify				
Date of Policy	Policy Effective Date Sum Assured	d S\$			
	ASSIGNOR PERSONAL DETAILS				
Name (as in NRIC/Passport) (Please underline surname)	□ Mr □ Mrs □ Mdm □ Ms □ Dr				
NRIC / Passport* No.	Date of Birth (d d m m y y)	Gender: Male Female			
Nationality		No. of Dependants			
Marital Status	Single Divorced Widowed				
Highest Education Obtained	Higher Degree / Professional Qualification Degree Diploma 'A' Level Others (Pls spe	ecify)			
Home Address	Postal Code No of Years in Residence				
	same as Home Address				
Mailing Address	Postal Code				
Ownership Type	Mortgaged Owned Family's Rented, Rental S\$ per mith	Others (pls specify)			
Residential Type	HDB EC Condo/ Terrace Semi-D Detached Shophouse Office (pls sp	s, pecify)			
Contact No.	Home Mobile Office				
(Please provide at least 2)	Email address				
	ASSIGNOR WORK DETAILS				
Name of Current Employer	Industry Type				
Occupation					
Job Status	Salaried Self-Employed Commission-Earner Others (Pls specify)				
		No of Years			
Gross Monthly Salary (S\$)	Other Income	in Service			
Address of Employer	Postal (Code			
Name of Previous Employer		No of Years in Service			

FINANCIAL COMMITMENTS

Credit Facility (inclusive of RHB Bank accounts, if any)

Bank	Type of Facility*	Security (if any)	Approved Limit	Outstanding Balance	Monthly Payments

UNITED STATES OF AMERICA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

Questionnaire on U.S. Indicia

Do you possess any of the following U.S. indicia? Please select accordingly:

1	U.S. citizen / tax resident? (U.S. passport / green card holder, U.S. taxpayer, etc)	Yes	No
2.	U.S. place of birth?	Yes	□ No
3.	U.S. address (residence / mailing / P.O Box)?	Yes	No
4.	U.S. telephone number?	Yes	No
5.	Standing instructions to pay amounts from this account to an account maintained in the U.S.?	Yes	No

NOTE:

- a) If answer to Q1 is Yes, please complete and provide Form W-9
- b) If any answers from Q2 to Q5 is Yes, please complete and provide Form W-8BEN

I hereby confirm I understand the FATCA requirements. I hereby declare that I am: (Please tick one box only)

Non-U.S. Individual with no U.S. indicia

Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)

U.S. Individual (provide Form W-9)

If there is any update to the account information / FATCA status, I hereby agree to notify and furnish RHB with the relevant documentary evidence within 30 days of such change. I consent to and authorize RHB to perform any of the following, if applicable:

- 1. Withhold any applicable payments in the account
- 2. Report or disclose all relevant information relating to or arising from the account
- 3. Terminate (with prior notice) my/our contractual relationship(s) with RHB

NOTE: You may refer to the FAQs on the FATCA requirements that is available at www.rhbbank.com.sg

^{*} Housing Loan / Personal Loan / Car Loan / Renovation Loan

DECLARATION & AUTHORISATION

- 1. I hereby declare that I am not a bankrupt and that no statutory demand has been served on me.
- 2. I confirm that all information contained herein and submitted for documentation are true, correct and complete and I have not withheld any information that may prejudice my application.
- 3. I authorise you or your representative to verify information relating to this application from any source without reference to me.
- 4. I hereby agree to provide any additional information and supporting documents from time to time as required by the Bank.
- 5. I agree to the collection, use and disclosure of the information provided herein and any other information provided to or obtained by the Bank from time to time for the purposes as set out in the Bank's Terms and Conditions Governing Accounts and the respective products.
- 6. I agree and acknowledge that the approval of this application is at the Bank's sole discretion and that the Bank may decline this application or specify a lower quantum of loan than that specified in the application without giving any reason whatsoever.

 7. I hereby agree that RHB Bank may at its own discretion send by ordinary mail or such other means any approval letter, cheque(s) issued in disbursement of the loan, and all other documents to any of
- my address(es) on RHB Bank's records at my sole risk.
- 8. I hereby agree to be liable for all out-of-pocket expenses and / or charges incurred in relation to my application even though my application may not be approved.
- 9. I hereby agree to be bound by the RHB Bank's Standard Terms And Conditions Related To Credit And or Banking Facilities Granted To Individual (a copy of which is available at any of the RHB Bank Branches in Singapore or at the website www.rhbbank.com.sg).

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depo Foreign currency deposits, dual currency inv			0,000 in aggregate per depositor per	Scheme member by law
I would like to receive from time to time infor (Please tick accordingly)	mation, updates, special offers and or promo	otions in relation to products and or s	services provided by or through RHB E	Bank Berhad, Singapore (RHB), through
Main Applicant: Voice call	SMS/MMS			
	Ple fu	ease sign as you would for all ture RHB Bank transactions.		
			Signature of Applicant & Date:	
		FOR BANK USE		
Employer Industry Code		Occupation Code		
Submitted by / Date	Name of Sales Officer	Referra	I Fee Applicable (Y/N*)	
Product / Credit Facility	Credit Limit (\$'000)	Interest Rate (%)	Review Date	MOA (%)
Security: Comments:		Comments :		
Comments :		Comments :		
Recommended By:		Approved/Rejected	Ву:	
Name / Title / Date		Name / Title / Date	-,.	

*Delete where applicable Form No. IO002/JUN14/AF1