

## VIVID ACCOUNT CLOSURE FORM

Offload of E-Wallet balance? [Yes] / [No]

YOUR PARTICULARS		
Account Name :		
NRIC/Passport No. :		Contact No. :
Account No. :		
YOUR INSTRUCTIONS		
	ated above. My instruction	ons for the outstanding balance (if any) in the account are indicated
☐ Please issue a cheque in favor of	the accountholder name	
☐ Credit into my SFL Savings Accou	unt No. :	
Others (please specify)		
INSTRUCTION ON COLLECTION	N OF CHEQUE	
Self-collection at	Customer Centre	☐ By normal mail* to the mailing address in SFL records *SFL shall not be held responsible for any lost/damaged mails
<ul> <li>I understand that SINGAPURA to or arising out of acceding to</li> <li>Once the account is closed, it</li> </ul>	er facilities/services.  A FINANCE LTD will acce o my request as foresaid. cannot be used for any f in my Vivid eWallet and I	iurther transaction. understand that my linked Prepaid MasterCard (s) will automatically
Signature/ *Thumbprint of Accounth	 lder	Important Notes
		<ul> <li>Signature will be verified against your respective account specimen signature.</li> <li>For *thumbprint, please proceed to the nearest SFL</li> </ul>
Date :		Customer Centre with your identification document for verification.
FOR OFFICE USE ONLY		
Verified by (Name/ Signature/ Date)		Checked and Approved by (Name/ Signature/ Date)
Date of Account Opening:	(DDMMYY)	Early Closure: [Yes] / [No]

Fees debited from account: [Yes] / [No]

You may visit any of our Customer Centre with your completed form or mail it to us at :

SINGAPURA FINANCE LTD 302 WOODLANDS ST. 31 #01-271 SINGAPORE 730302