

Date:

To: Citibank Singapore Limited
5 Changi Business Park Crescent
Tower 2 Level 3
Singapore 486027

Attention: Mortgage Client Care, Home Financial Services

Re: Request to convert interest rate package for Credit Facilities

Mortgage Loan No: _____ My/Our contact number: _____

Mortgaged Property: _____

1. I/We refer to my/our facility letter (including any amendments, revisions and supplements thereto) between Citibank Singapore Limited ("Citibank") and me/us (the "Facility Letter"). Unless otherwise defined herein, all capitalized terms shall have the same meanings ascribed to them in the Facility Letter.
2. I/We would like to request for the conversion ("Conversion") of the interest rate package for my/our Credit Facilities to*:
 1 month SIBOR 3 month SIBOR
3. I/We would like to effect the Conversion*:
 on the expiry date of the current Interest Period
 on ___/___/_____ (dd/mm/yy)
(the "Effective Date")
4. Where a conversion fee/breakage fee (as stated in the Facility letter) is applicable, I/We authorize you to debit such conversion fee from my Citibank current/savings account.
5. Save for the changes to the Facility Letter as requested by us herein, all terms and conditions stated in the Facility Letter shall remain unchanged and continue to be binding on us.

Declaration and Authorization

By signing below:

- (a) I/We request for the conversion of the interest rate package for my/our Credit Facilities as set out above.
- (b) I/We acknowledge that my/our request for Conversion is subject to approval by Citibank at its absolute discretion.
- (c) I/We agree that the Effective Date specified by me/us above must be a date falling at least 1 month, but not more than 3 months from the date of receipt of this Form by Citibank, failing which, my/our request for Conversion will not be processed/effected.
- (d) I/We agree that if the Effective Date of the Conversion falls on a date other than the expiry date of an Interest Period, a conversion fee/breakage fee (if any) as stated in the Facility Letter/ Supplemental Facility Letter shall be payable by me/us to Citibank. Where I/we have specified that such conversion fee/breakage fee to be deducted from my /our Citibank account, I/we will ensure that such account is sufficiently funded.
- (e) I/We agree that Citibank shall not be responsible for any losses or damages in connection with my requests/instructions herein.

Yours sincerely,

Name:
Date:

Name:
Date:

NOTE: Please sign as you would for all Citibank transactions and indicate the date you have signed.

*Please tick one of the options