



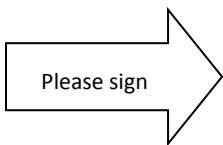
**For Official Use:**

**Part 4: Declaration by Payer**

I understand that KTPH/YCH/AdMC reserves the right to amend any of the terms and conditions without prior notice and terminate my ZOOM scheme if the payment is not received within 30 days.

I hereby authorise KTPH/YCH/AdMC to debit my debit/credit card for any outstanding bills incurred in full and I agree that this authorisation shall remain in force unless otherwise revoked by me in writing. I agree to KTPH/YCH/AdMC collecting, using and disclosing my personal data for the purpose of processing this payment arrangement, payments and refunds.

This is in accordance with our privacy policy, which is available at <https://www.ktph.com.sg/pdpa>.



\_\_\_\_\_  
**Signature of Payer & Date**

\_\_\_\_\_  
**Signature of Witness / Name & Date**