

APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date:

Name of Billing Organisation

C	H	A	N	G	I		A	I	R	P	O	R	T		G	R	O	U	P
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To: Name of Bank

(S	I	N	G	A	P	O	R	E)		P	T	E		L	T	D	
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Branch

Billing Organisation's Customer's Ref No:

- (a) I/We hereby instruct you to process the Billing Organisation's (BO's) instruction to debit my/our account.
- (b) You are entitled to reject the BO'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 to debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorization 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 the BO.
- (d) Amendments made on the form must be countersigned by applicant.

My / Our Name (s) As In Bank Account:

My / Our Bank Account No.:

My / Our Contact (Tel/Handphone) No(s).:

My/Our Signature(s)/Thumbprint(s)* & Company Stamp (as in bank's record)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	BO's Account No.
7	1	7 1 0 0 3
0	0	3 0 0 3 9 0 9 0 0 4 8

BO's Customer Ref No.

Bank	Branch	Account No. To Be Debited

Verified By Billing Organisation/ Date

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation
c/o DBS Bank, 12 Marina Boulevard @ MBFC Tower 3 Singapore 018982

This Application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint** differs from Financial Institution's records
- Wrong account number
- Signature/Thumbprint** incomplete/unclear**
- Amendments not countersigned by customer
- Account operated by signature/thumbprint**
- Others: _____

Name of Approving Officer

Authorised Signature

Date

* For thumbprints, please go to the branch with your identification.

** Please delete where inapplicable