

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

Date: ✓ _____	Name of Billing Organisation ("BO"): ✓ _____
To: Name of Bank: ✓ _____	Billing Organisation's Customer's Name: ✓ _____
Branch: ✓ _____	Billing Organisation's Customer's Reference Number: ✓ _____

- (a) I/We hereby instruct you to process the BO's instructions 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 the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation 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.

My/Our Name(s) as in Bank's record ✓ _____	My/Our Contact (Tel/Fax) Number(s): ✓ _____
My/Our Account Number: ✓ _____	My/Our Company Stamp/Signature(s)/Thumbprint(s)*: ✓ _____ (as in bank's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">Billing Organisation's Account Number</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Bank	Branch	Billing Organisation's Account Number				<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Billing Organisation's Reference Number</th> </tr> <tr> <td style="text-align: center;"> </td> </tr> </table>	Billing Organisation's Reference Number		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">Account Number To Be Debited</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Bank	Branch	Account Number To Be Debited			
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PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others: _____ |

Name of Approving Officer	Authorised Signature	Date
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* For thumbprints, please go to the branch with your identification. # Please delete where inapplicable