

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 Financial Institution _____ Billing Organisation's Customer's Name: _____

Branch: _____ Billing Organisation's Customer's Reference No: _____

- (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 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) It is the BO's responsibility to inform banks upon the expiry of this authorization and to ensure that no deductions are made thereafter.

My/Our Name(s): _____ My/Our Contact (Tel/Fax) Number(s): _____

My/Our Account Number(s): _____ My/Our Company's Stamp/Signature(s)/Thumbprint(s)*: _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

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

Name of Approving Officer Authorized Signature Date

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

Please delete where inapplicable