

APPLICATION FORM FOR INTERBANK GIRO

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

Name: _____ Email Address: _____

Dr / Mr / Mrs / Ms / Mdm

Address: _____ Name Of Company: _____

Designation: _____

Postal Code _____ Department: _____

NRIC/FIN No: _____ Contact Nos: (H) _____ (O) _____

Date Of Birth: _____ Sex: M/F (Pg) _____ (Hp) _____

Please (tick) the amount that you would like to contribute to NUH Patientcare Charity Fund

\$50	\$100	\$150	\$200	\$500	\$	Other amounts (Please indicate)
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Date: _____ Name of Billing Organisation ("BO"): _____

NUH Patientcare Charity Fund

To: Name of Bank: _____ Billing Organisation's Customer's Name: _____

Branch: _____ Billing Organisation's Customer's Reference Number: _____

- (a) I/We hereby instructs 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 NUH PATIENTCARE CHARITY FUND'S COMPLETION

Bank	Branch	NUH Patientcare Charity Fund
7 1 7 1	0 3 2	0 3 2 0 0 0 7 2 7 9

NUH Patientcare Charity Fund's Donor Reference No.

Bank	Branch	Donor's A/C To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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