APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Name: _____
Dr / Mr / Mrs / Mdm

Address: _____

_____
Postal Code _____

NRIC / FIN No: _____

Date of Birth: _____ Sex: M / F

Email Address: _____

Contact No: (HP) _____

(Home) _____

(Office) _____

Please tick (√) the amount that you would like to contribute to NUHS Fund Limited

	$50		$100		$150		$200		$500	$	Other amounts (Please Indicate)

Date:

_____

To: Name of Bank

_____

Branch:

_____

Name of Billing Organisation ("BO")

NUHS Fund Limited
_____

Billing Organisation's Customer's Name:

_____

Billing Organisaton's Customer's Reference Number:

_____

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
(b) I/We consent to the Bank's disclosure of customer information relating to me/us as requested in this document.
(c) 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 event if this results in an overdraft on the account and impose charges accordingly.
(d) 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.

My/Our Name(s) as in Bank's record

_____

My/Our Account Number:

_____

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

_____

My/Our Company Stamp/Signature(s)/Thumbprint(s)*

_____

(as in bank's record)

PART 2: FOR NUHS FUND LIMITED'S COMPLETION

Bank		Branch		NUHS Fund Limited											
7	1	7	1	1	0	7	1	0	7	9	0	1	0	9	8	9	

NUHS Fund Limited's Donor Reference No.

Bank		Branch		Donor's A/C To Be Debited										

PART 3: FOR BANK'S COMPLETION

To: Billing Organisaton

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

O Signature/Thumbprint[#] differs from Bank's records

O Signature/Thumbprint[#] incomplete/unclear[#]

O Account operated by signature/thumbprint[#]

O Wrong account number

O Amendments not countersigned by Customer/BO

O Others: _____

_____
Name of Approving Officer

_____
Authorised Signature

_____
Date

* For thumbprints, please go to the branch with your identification.   [#] Please delete where inapplicable