APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR AP	PPLICANT'S COMPLETION
Name: Dr / Mr / Mrs / Mdm Address:	Date of Birth:Sex: M / F Email Address:
	Contact No: (HP)
Postal Code	(Home)
NRIC / FIN No:	(Office)
	usuda lika ta gantributa ta NULIO Funda Limita d
\$50 \$100 \$150 \$200	vould like to contribute to NUHS Fund Limited \$500 \$ Other amounts (Please Indicate)
Date:	Name of Billing Organisation ("BO")
Date.	
	NUHS Fund Limited
To: Name of Bank	Billing Organisation's Customer's Name:
Branch:	Billing Organisaton's Customer's Reference Number:
your discretion allow the debit event if this results in an overdra (d) This authorization will remain in force until terminated by your v receipt of my/our written revocation through the BO.	relating to me/us as requested in this document. count does not have sufficient funds and charge me/us a fee for this. You may also aft on the account and impose charges accordingly. written notice sent to my/our address last known to you or upon
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 record)
PART 2: FOR NUHS F	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	NUHS Fund Limited's Donor Reference No.
Bank Branch Donor's A/C To Be Debited	
	BANK'S COMPLETION
Го: Billing Organisaton	
This Application is hereby REJECTED (please tick) for the follo	owing reason(s):
O Signature/Thumbprint [#] differs from Bank's records	O Wrong account number
O Signature/Thumbprint [#] incomplete/unclear [#]	O Amendments not countersigned by Customer/BO
O Account operated by signature/thumbprint [#]	O Others:
Name of Approving Officer Authorised	Signature Date
Authorised	Duto

 $[\]ensuremath{^{\star}}$ For thumbprints, please go to the branch with your identification.

[#] Please delete where inapplicable