

Batch Head Number:

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicate with ✓)

✓ Date:

Name of Billing Organisation ("BO")
Sing Investments & Finance Limited

✓ 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 imposes 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):

✓ My/Our Contact (Tel/Fax) Number(s):

✓ My/Our Account Number:

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

(As in Financial Institution's records)

*For thumbprint, please go to the branch with your identification document.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank					Branch			SIF's Bank Account No.									
7	3	7	5		0	0	1	1	0	1	3	3	0	0	3	7	8

SIF's Customer Reference No.									

Bank				Branch			Account No. To Be Debited											

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Sing Investments & Finance Limited
Credit Operations Department, Account Services
96 Robinson Road
#01-01 SIF Building
Singapore 068899
Tel: 6305 0300

Fax: 6305 0419

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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"/> Accounts operated by signature/thumbprint# | <input type="checkbox"/> Others: _____ |

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable.