

APPLICATION FOR INTERBANK GIRO

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

Date: _____
 * _____
 To: Name of Financial Institution: _____
 * _____
 Branch: _____
 * _____

Name of Billing Organisation ("BO")
OFFICIAL ASSIGNEE & PUBLIC TRUSTEE (OAPT)
 Customer's Name: _____

 Customer's Reference No: _____
 D _____

- (a) I/We hereby instruct you to process the OAPT's instruction to debit my/our account.
- (b) You are entitled to reject the OAPT'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 OAPT.

My/Our Bank A/C Name: *	My/Our Contact(Tel) Number(s): *
My/Our Bank Account Number: *	My/Our Names and Signatures/Thumbprints@: *
My/Our Company Registration Nos: *	
My/Our Email Address: (for purpose of enquiry and sending of notification) *	

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	OAPT A/C 2	Customer's Reference No.
7 1 7 1	0 0 1		D _____

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

Bank	Branch	Account No. to be Debited

To: OAPT

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/Tbumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Others _____ |

 Name of Approving Officer Authorised Signature Date

@For thumbprints, please go to the branch with your identification.