APPLICATION FOR INTERBANK GIRO

Part 1 : For Applicant's Completion (Fill in the spaces indicated with □)

Date:

□ _____

Name of Billing Organisation "BO" :

□ TANJONG PAGAR TOWN COUNCIL

To : Name of Financial Institution

□ _____

Billing Organisation's Customer's Name:

□ _____

Branch :

□ _____

Billing Organisation's Customer's Reference Number:

□ **C**_____

PARTICULARS OF REGISTERED TENANT/LESSEE
Address : NRIC 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 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) (Account Holder's Name):

□_____

My/Our Contact (Tel/Fax) Number(s)/E-mail address:

□_____

My/Our Account Number :

□_____

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

□_____
(As in Financial Institution's records)

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

Part 2 : For Billing Organisation's Completion

Bank				Branch			Billing Organisation's Account No.									
7	3	3	9	5	0	1	8	4	8	0	9	7	0	0	1		

Billing Organisation's Customer's Ref No.												
C												

Bank				Branch			Account No. to be Debited										

Part 3 : For Financial Institution's Completion

To : TANJONG PAGAR TOWN COUNCIL
Block 166 Bukit Merah Central
#03-3527, Singapore 150166
Tel : 63753185 Fax : 63753198

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

□ Signature/Thumbprint* differs from Financial Institution's records
□ Signature/Thumbprint* incomplete/unclear*
□ Account operated by signature/thumbprint
□ Wrong account number
□ Amendments not countersigned by applicant
□ Others : _____

*Please delete where inapplicable

_____ _____ _____
Name of Approving Officer Authorised Signature and Stamp of Financial Institution Date