

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (Complete the fields indicated with the symbol √)

√ 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	SingFinance's Bank Account No.
7 3 7 5	0 0 1	1 0 1 3 3 0 0 3 7 8

SingFinance'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):

- ☐ Signature/Thumbprint# differs from Financial Institution's records ☐ Wrong Account Number
- ☐ Signature/Thumbprint# incomplete/unclear# ☐ Amendments not countersigned by customer
- ☐ Accounts operated by signature/thumbprint# ☐ Others: _____

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable.