

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Name: _____
 Dr / Mr / Mrs / Mdm

Address: _____

 _____ Postal Code _____

NRIC / FIN No: _____

Date of Birth: _____ Sex: M / F

Email Address: _____

Contact No: (HP) _____
 (Home) _____
 (Office) _____

Please tick (✓) the amount that you would like to contribute to NUHS Fund Limited

\$50	\$100	\$150	\$200	\$500	\$	Other amounts (Please Indicate)
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Date: _____

Name of Billing Organisation ("BO")

 NUHS Fund Limited

To: Name of Bank

Billing Organisation's Customer's Name:

Branch:

Billing Organisation's Customer's Reference Number:

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) I/We consent to the Bank's disclosure of customer information relating to me/us as requested in this document.
- (c) 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 event if this results in an overdraft on the account and impose charges accordingly.
- (d) This authorization 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) 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 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 9

NUHS Fund Limited's Donor Reference No.

Bank	Branch	Donor's A/C To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Signature/Thumbprint# differs from Bank's records <input type="radio"/> Signature/Thumbprint# incomplete/unclear# <input type="radio"/> Account operated by signature/thumbprint# | <ul style="list-style-type: none"> <input type="radio"/> Wrong account number <input type="radio"/> Amendments not countersigned by Customer/BO <input type="radio"/> Others: _____ |
|---|--|

 Name of Approving Officer

 Authorised Signature

 Date

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

Please delete where inapplicable