



ANG MO KIO - THYE HUA KWAN HOSPITAL LTD

APPLICATION FORM FOR INTERBANK GIRO

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

Date: _____ ✓
 Name of Billing Organisation ("BO"): _____ ✓
 ✓ ANG MO KIO-THYE HUA KWAN HOSPITAL LTD
 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) 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.
- (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

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 records)

✓ I wish to make monthly donation of \$ _____ through GIRO.
 (Kindly fill in the amount you wish to donate and please contact us at 6450 6123 if you need further clarifications.)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7	1	7 1 0 1 8
0	1	8 9 0 0 2 6 0 9

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- Signature/Thumbprint# differs from Bank's records
- Signature/Thumbprint# incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer/BO
- Other reason(s): _____

 Name of Approving Officer

 Authorised Signature

 Date

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

Please delete where inapplicable