



APPLICATION FORM FOR INTERBANK GIRO

Part 1 : For Applicant's Completion

Date:	Name of Billing Organisation ("BO") :
<input type="text" value="(dd/mm/yyyy)"/>	<input type="text" value="Handicaps Welfare Association"/>

To : Name of Bank :	Billing Organisation's Donor's Name :
<input type="text"/>	<input type="text"/>

Branch :	Billing Organisation's Donor's Account Number :
<input type="text"/>	<input type="text"/>

- 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 authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt my/our written revocation through the BO.

My/Our Name(s) :	My/Our Contact (Tel/Fax) Number(s) :
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

My/Our Account Number :
<input type="text"/>

My/Our Signature(s)/Thumbprint(s)*
<input style="height: 50px;" type="text"/>

Part 2 : For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account No.
<input type="text" value="7 1 7 1"/>	<input type="text" value="0 7 0"/>	<input type="text" value="0 7 0 0 0 2 3 5 1 2"/>

Billing Organisation's Donor's Account No. _____

Bank	Branch	Account No. To Be Debited
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 : For Bank's Completion

To: Billing Organisation
 This Application is hereby Rejected (please tick) for the following reason(s) :

<input type="checkbox"/>	Signature/Thumbprint# differs from Bank's records	<input type="checkbox"/>	Wrong Account Number
<input type="checkbox"/>	Signature/Thumbprint# is incomplete/unclear	<input type="checkbox"/>	Amendment not countersigned by customer
<input type="checkbox"/>	Account operated by signature/thumbprint#	<input type="checkbox"/>	Others : <input type="text"/>

Name of Approving Officer : _____ Authorised Signature : _____ Date : _____

*For thumbprints, please go the branch with your identification. #Please delete where inapplicable.

