45 Maxwell Road | #07-11 The URA Centre (East Wing) Singapore 069118
T 1800-2255-529 | F 6325-1418
www.io.mlaw.gov.sg



## APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fi	ll in the spaces indicated with *)
Date:	Name of Billing Organisation ("BO")  OFFICIAL ASSIGNEE
To: Name of Financial Institution:	
*Branch:	Customer's Name:
*	
the account and impose charges accordingly.	•
or upon receipt of my written revocation through the Off	
My Name as stated in Bank Account: *	My Bank Account Number:
My ID/Passport Number: *	My Signature/Thumbprint@:
My Contact (Tel) Number: *	(As in financial institution's records)
PART 2: FOR BILLING ORGAN	NISATION'S COMPLETION
Account Information	
	's Account Number 3 3 6 9 7 5
	3 3 0 9 1 3
Customer's Reference Number	
PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION	
Bank Branch Account No. to	be Debited
To: Official Assignee  This Application is hereby REJECTED (please tick) for  Signature/Thumbprint# differs from Financial Institution's re  Signature/Thumbprint# incomplete/unclear#  Account operated by signature/thumbprint	
Name of Approving Officer	Authorised Signature Date

#Please delete where applicable.

<sup>®</sup> For thumbprints, please go to the branch with your identification.