

APPLICATION FORM FOR INTERBANK GIRO

FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with, '*')

Important Note:

- No liquid paper or correction tape can be used
- All amendments needs to be cancelled & signed
- Ensure Signature is clear & similar to your Financial Institution's record

Date of Application*:

Name of Billing Organisation* ("BO"):

MUSLIM CONVERTS' ASSOCIATION OF SINGAPORE

To: Name of Financial Institution*:
(e.g POSB/DBS/Maybank etc.)

Branch*:

Applicant's Name*
(Account Holder's Name as in Bank Book):

Applicant's Contact Number(s)*:

Applicant's Reference Number
(Account holder NRIC 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 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.

Applicant's Account Number*:

Applicant's Signature(s)/Thumbprint(s)*:
(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Swift BIC

Billing Organisation's Account No.

Billing Organisation's Customer Reference

CIBBSGSGXXX	2 0 0 0 4 1 1 3 0 5					
	Account No. to be debited.					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear # | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Others: _____ |

Name of Approving Officer

Authorised Signature

Date

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

Please delete where inapplicable