APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date:

Name of Billing Organisation

C H A N G I A I R P O R T G R O U P

To: Name of Bank

(S I N G A P O R E) P T E L T D

Branch

Billing Organisation's Customer's Ref No:

(a) I/We hereby instruct you to process the Billing Organisation's (BO's) instruction 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 to 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 of my/our written revocation through the BO.
(d) Amendments made on the form must be countersigned by applicant.

My / Our Name (s) As In Bank Account:

My / Our Bank Account No.:

My / Our Contact (Tel/Handphone) No(s).:

My/Our Signature(s)/Thumbprint(s)* & Company Stamp (as in bank's record)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	BO's Account No.
7 1 7 1	0 0 3	0 0 3 9 0 9 0 0 4 8

BO's Customer Ref No.

Bank	Branch	Account No. To Be Debited

Verified By Billing Organisation/ Date

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation
c/o DBS Bank, 12 Marina Boulevard @ MBFC Tower 3 Singapore 018982

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

- ☐ Signature/Thumbprint** differs from Financial Institution's records
- ☐ Signature/Thumbprint** incomplete/unclear**
- ☐ Account operated by signature/thumbprint**
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Others: _____

Name of Approving Officer | Authorised Signature | Date

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

**** Please delete where inapplicable**