

# APPLICATION FORM FOR INTERBANK GIRO

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

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dr / Mr / Mrs / Ms / Mdm

Address: \_\_\_\_\_ Name Of Company: \_\_\_\_\_

Designation: \_\_\_\_\_

Postal Code \_\_\_\_\_ Department: \_\_\_\_\_

NRIC/FIN No: \_\_\_\_\_ Contact Nos: (H) \_\_\_\_\_ (O) \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: M/F (Pg) \_\_\_\_\_ (Hp) \_\_\_\_\_

Please (tick) the amount that you would like to contribute to NUH Patientcare Charity Fund – **Children's Aid Programme (CAP Fund)**

\$50	\$100	\$150	\$200	\$500	\$	Other amounts (Please indicate)
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Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): \_\_\_\_\_

✓ \_\_\_\_\_ NUH Patientcare Charity Fund

To: Name of Bank: \_\_\_\_\_ Billing Organisation's Customer's Name: \_\_\_\_\_

✓ \_\_\_\_\_ ✓ \_\_\_\_\_

Branch: \_\_\_\_\_ Billing Organisation's Customer's Reference Number: \_\_\_\_\_

✓ \_\_\_\_\_ CAP Fund

- (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.

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)

## PART 2: FOR NUH PATIENTCARE CHARITY FUND'S COMPLETION

Bank	Branch	NUH Patientcare Charity Fund
7 1 7 1	0 3 2	0 3 2 0 0 0 7 2 7 9

NUH Patientcare Charity Fund's Donor Reference No.

Bank	Branch	Donor's A/C 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 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