



SING INVESTMENTS & FINANCE LIMITED

Co. Reg. No: 196400348D

Batch Head Number:

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicate with ✓)

✓ Date:

Name of Billing Organisation ("BO")

✓ To: Name of Bank

SING INVESTMENTS & FINANCE LIMITED CUSTOMER'S NAME

✓ Branch:

SING INVESTMENTS & FINANCE CUSTOMER'S REFERENCE 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 imposes 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):

✓ My/Our Contact (Tel Fax) Number(s)

✓ My/Our Account Number:

✓ My/Our Company Stamp/Signature/Thumbprint*

(As in Bank's records)

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

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank				Branch			SIF'S Bank Account No.													
7	3	7	5	0	0	1	1	0	1	3	3	0	0	3	7	8				

SIF'S Customer Reference No.									

Bank				Branch			Account No. To Be Debit													

PART 3: FOR BANK'S COMPLETION

To: Sing Investments & Finance Limited
 Credit Operations Department, Account Services
 96 Robinson Road
 #01-01 SIF Building
 Singapore 068899
 Tel: 6305 0300
 Fax: 6305 0419

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

- Signature/Thumbprint# differs from Bank's records
- Signature/Thumbprint# incomplete/unclear#
- Accounts operated by signature/thumbprint#
- Wrong Account Number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable.