



APPLICATION FOR INTERBANK GIRO

Instructions: Do not print this page

IMPORTANT

1. This form may take you 5-10 minutes to complete if you have your bank passbook / statement on hand. Please fill in **Part 1 of Page 2**, print and sign on the form using ballpoint pen. Submit the original signed application form to

Finance Department, Accounts Receivable
Health Sciences Authority
11 Outram Road, Singapore 169078

2. It may take approximately 4 to 8 weeks for your GIRO application to be processed by the Bank. Please continue to pay your renewal charges/fees using online payment (Enets/ Interbank) until you receive an email from Health Sciences Authority (HSA) informing you of the approval of your GIRO application.

3. Please ensure that there are sufficient funds in your bank account before the deduction date as mentioned on the tax invoice. Otherwise, a late payment interest will be imposed by HSA. Some banks may also impose a service charge for unsuccessful deductions.

4. If you have an existing GIRO arrangement with HSA and wish to change your bank account, you are required to complete a new GIRO application form. HSA will terminate your existing GIRO arrangement upon the commencement of the new GIRO application.



To: Finance Department, Accounts Receivable
 Health Sciences Authority
 11 Outram Road, Singapore 169078
 Tel: 6213 0644

For Official Use	
	New Application
	Change of Bank Account
	Re-submission

APPLICATION FORM FOR INTERBANK GIRO

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

Date: ✓ _____	Name of Billing Organisation: Health Sciences Authority (HSA)
To: Name of Bank ✓ _____	HSA Customer's Name ✓ _____
Branch: ✓ _____	UEN/ HSA Customer Number: ✓ _____

- (a) I / We hereby instruct you to process HSA's instructions to debit my/ our account.
 (b) You are entitled to reject HSA'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 Health Sciences Authority.

Bank Account Holder Name(s): (The name that appears on account statements and other banking documents.) ✓ _____	My/Our Contact (Tel and Email Address): ✓ _____
My/Our Bank Account Number: ✓ _____	My/Our Company Stamp/Signature(s)Thumbprint(s)*: ✓ _____ (As in Bank's records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	HSA's Account No.	HSA's Customer Ref No.
7 1 7 1	0 0 1	0 0 1 9 0 0 1 1 2 9	

PART 3. FOR FINANCIAL INSTITUTION'S COMPLETION

This Application is hereby REJECTED (please tick) for the following reasons(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