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 :

√ _____

HSA Customer's Reference Number **(To be filled in by HSA)** :

_____

√ ROC No./ NRIC No _____

(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 know to you or upon receipt of my /our written revocation through Health Sciences Authority.

My/Our Name(s) :

√ _____

My/Our Contact (Tel/Fax) / Email Address :

√ _____

My/Our 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.
7 1 7 1	**0 0 1**	**0 0 1 9 0 0 1 1 2 9**

HSA's Customer Ref No.

Bank	Branch	Account No. To Be Debited

PART 3. FOR FINANCIAL INSTITUTION'S COMPLETION

To: Health Sciences Authority
11 Outram Road, Singapore 169078
Tel: 6213 0644 Fax: 6213 0749

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