



## APPLICATION FORM FOR INTERBANK GIRO (FAX COPY IS NOT ACCEPTABLE)

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

Date : √ _____  To : Name of Bank √ _____  Branch : √ _____	Name of Billing Organisation: Health Sciences Authority (HSA)  HSA Customer's Name √ _____  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 Bank Account Name(s) : √ _____  My/Our Bank Account Number √ _____	My/Our Contact (Tel/Fax) / Email Address : √ _____  My/Our Company Stamp/Signature(s)Thumbprint(s)* √ _____ (As in Bank's records)

### PART 2 : FOR BILLING ORGANISATION'S COMPLETION

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 60%;">HSA's Account No.</th> </tr> <tr> <td style="text-align: center;">7   1   7   1</td> <td style="text-align: center;">0   0   1</td> <td style="text-align: center;">0   0   1   9   0   0   1   1   2   9</td> </tr> </table>	Bank	Branch	HSA's Account No.	7   1   7   1	0   0   1	0   0   1   9   0   0   1   1   2   9	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">HSA's Customer Ref No.</th> </tr> <tr> <td style="text-align: center;">   </td> </tr> </table>	HSA's Customer Ref No.	
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### 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):

- |   |   |
|---|---|
| <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