



APPLICATION FORM FOR INTERBANK GIRO

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 Number : _____ √ ROC No./ NRIC No _____
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- (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.

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)
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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

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

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
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* For thumbprints, please go to the branch with your identification. # Please delete where inapplicable