

**APPLICATION FOR INTERBANK GIRO**

(Fields marked with (A) are required)

DATE	BILLING ORGANISATION'S CUSTOMER'S REF.NO
(A)	ASSOCIATE
NAME OF FINANCIAL INSTITUTION/ BANK	BRANCH
(A)	(A)

**NAME OF BILLING ORGANISATION ("BO")**

THE SINGAPORE POLICE CO-OPERATIVE SOCIETY LTD

- a) I hereby instruct you to process the BO's instructions to debit my account  
b) You are entitled to reject the BO's debit instruction if my account does not have sufficient funds and charge me 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 address last known to you or upon receipt of my written revocation through the BO.

**BILLING ORGANISATION'S CUSTOMER**

NAME	CONTACT NUMBER
(A)	(A)
MY ACCOUNT NUMBER	MY SIGNATURE/ THUMBPRINT*
(A)	(A)

\*Please sign as per your Bank's records. Thumbprint imprints must be verified and witnessed at any of the branch of the above said Financial institution/Bank

**FOR BILLING ORGANISATION'S COMPLETION**

BANK	BRANCH	BILLING ORGANISATION'S ACCOUNT NO.	BILLING ORGANISATION'S CUSTOMER REF NO.
7375	001	9223417007	ASSOCIATE
BANK	BRANCH	ACCOUNT NO. TO BE DEBITED	BATCH NO.
			AM

**FOR FINANCIAL INSTITUTION'S/ BANK'S COMPLETION**

**TO: BILLING ORGANISATION**

This Application is hereby **REJECTED** (please tick) for the following reason(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"/> Other: _____                             |

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

**END OF FORM**

Note to applicant: Use of correction tape/ fluid is not acceptable. Please countersign against any cancellation(s).