



Singapore Post Limited (Reg. No. 199201623M)
Finance Credit Control Division
10 Eunos Road 8, #07-31 Singapore Post Centre
Singapore 408600

APPLICATION FORM FOR INTERBANK GIRO

PART 1 : FOR APPLICANT'S COMPLETION

Date :	Name of Billing Organisation Singapore Post Limited
To : Name of Financial Institution	Billing Organisation's Customer's Name :
Branch Code:	Billing Organisation's Customer Reference Number : (SODA Account Number)
Type(s) of payments (Please tick) where applicable) <input type="checkbox"/> Tax Invoice <input type="checkbox"/> Others : _____	Billing Organisation's Customer's Address :

- (a) I/We hereby instruct you to process Singapore Post's instructions to debit my/our account.
(b) You are entitled to reject Singapore Post's 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 debt 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 Singapore Post.

My/Our Name(s) : (As in Financial Institution's records)	My/Our Contact (Tel/Fax) Number(s) :
My/Our Bank Account Number :	My/Our Company Stamp & Signature(s)/Thumbprint(s)* : (As in Financial Institution's records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.	Billing Organisation's Customer Ref No.
7 1 7 1	0 0 1	0 0 1 0 4 4 9 0 0 1	
Bank	Branch	Account No. To be Debited	

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To : Singapore Post Limited

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"/> Others : _____ |

Name of Approving Officer

Authorised Signature

Date

* For thumbprint(s), please go to the respective Bank/Financial Company with your identification documents.

Please delete where inapplicable.