

APPLICATION FORM FOR INTERBANK GIRO

Please mail form to: PLEASE DO NOT USE CORRECTION FLUID. The GIRO Administrator FOR CORRECTIONS, PLEASE CANCEL AND COUNTERSIGN. 48 Thomson Terrace, Singapore 574579 Date of Application: ____/____(DD/MM/YYYY) Name of Billing Organisation (BO): ACTION FOR SINGAPORE DOGS SOCIETY Name of Applicant's Bank: _____ I wish to make monthly Interbank GIRO contributions in the amount indicated with tick (✓) in the box below: \$100 Other amount (please indicate): \$ The minimum amount is \$20. (a) I/We hereby instruct you to process the BO's debit instruction to debit my/our account. (b) The bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The bank, at its discretion, may also allow the debit even if it results in an overdraft on the account and impose charges accordingly. (c) This authorisation will remain in full force until (i) the bank's written notice sent to my/our address last known to the bank, (ii) upon the bank's receipt of my/our written revocation or, (iii) upon the bank's receipt of the notice of expiry from the BO. Applicant's Name as shown in bank records: _____ (Please underline surname) Applicant's Bank Account No.: Applicant's NRIC/FIN/Passport No.: Applicant's Address: ___ Applicant's Contact Number(s): ______ PLEASE CHECK THAT YOUR SIGNATURE IS IDENTICAL TO THE ONE IN YOUR BANK ACCOUNT. My/Our Signature/Thumbprint Date (month/year) Part 2: For Billing Organisation's Completion Swift BIC Swift BIC Account No. to be Debited BO's Account No. DDA Ref No. 6 5 0 3 2 2 4 5 6 0 0 1 OCBCSGSGXXX Part 3: For Financial Institution's Completion TO: ACTION FOR SINGAPORE DOGS SOCIETY This application is hereby REJECTED (please tick and *delete where applicable) for the following reason(s): Signature/Thumbprint* differs from Financial Institution's records Wrong account number Signature/Thumbprint* incomplete/unclear* Amendments not countersigned by customer Account operated by signature/thumbprint* Others: _____

Name of Approving Officer Bank's Authorised

Bank's Authorised Signature

Date