



RAFFLES INSTITUTION

1 RAFFLES INSTITUTION LANE, SINGAPORE 575954 TEL : 6419 9242

APPLICATION FORM FOR INTERBANK GIRO

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

Date : _____ Name of Billing Organisation ("BO")
x _____ **RAFFLES INSTITUTION**

To : Name of Financial Institution : _____ Name of Student / Class : _____
x _____ x _____

Branch : _____ Student's NRIC/Foreign Student's Ref No. : _____
x _____ x _____

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are 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. 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 authorization 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 the BO.

My/Our Name(s) : _____ My/Our Contact (Tel/Fax) Number(s) : _____
x _____ x _____

My/Our Account Number : _____ My/Our Company Stamp/Signature(s)/Thumbprints(s): _____
x _____ x _____

(As in Financial Institution's records)

**Do not use correction fluid on any part of the form. Any correction, cancel neatly and sign next to it.
* For thumbprints, please go to the branch with your identification.**

Kindly select **one** of the payment mode : Monthly Giro Annual Giro

PART 2 : FOR BILLING/ORGANISATION'S COMPLETION

Bank				Branch			Raffles Institution's Bank Account No.									
7	1	7	1	0	0	6	0	0	6	0	0	9	0	0	5	2

Student's NRIC/Foreign Student's Ref No.											

Bank				Branch			Account No. To Be Debited									

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

This Application is hereby REJECTED (please tick) for the following reason(s) :

- Signature/Thumbprint # differs from Financial Institution's records
- Signature/Thumbprint # incomplete/unclear #
- Account operated by signature/thumbprint #
- Wrong account number
- Amendments not countersigned by customer
- Others : _____

Name of Approving Officer

Authorised Signature

Date