



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (FILL IN THE SPACES INDICATED WITH ✓)

<p>✓ Date: _____</p> <p>✓ To: Name of Financial Institution _____</p> <p>Branch: ✓ _____</p>	<p>✓ Name of Billing Organisation ("BO") Ministry of Health</p> <p>✓ Name of healthcare Institution/Establishment: _____</p> <p>✓ Licence No of Healthcare Institution/Establishment (For Renewal Only) _____</p>
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- (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 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 the BO.

<p>My/Our Name(s): ✓ _____</p> <p>My/Our Account Number: ✓ _____</p>	<p>My/Our Contact (Tel/Fax) Number(s): ✓ _____</p> <p>My/Our Company/Stamp/Signature(s)/Thumbprint(s)*: ✓ _____ (As in Financial Institution's records)</p>
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PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank No	Branch No	Billing Organisation's Account No.
7	1	7 1 0 0 1 0 0 1 0 5 2 1 0 9 8

Bank No	Branch No	Account No. To Be Debited

Billing Organisation's Customer Ref No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To : Billing Organisation

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

* For thumbprints, please go to the branch with your identification.

Please delete where applicable