

## GIRO APPLICATION FORM

### PART 1: FOR APPLICANT'S COMPLETION

Please fill in all the fields in **blue**. Incomplete forms may not be processed

Date:

\_\_\_\_\_

To: My/Our Bank ("Bank")

\_\_\_\_\_

Name of Billing Organisation ("BO")  
**Active Global Respite Care Pte Ltd**  
51 Goldhill Plaza, #12-11  
Singapore (308900)

Billing Organisation's Customer's Reference No:

\_\_\_\_\_

- (a) I/We hereby instruct the Bank to process the BO's instructions 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 may also at its 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
- (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.

My/Our Name (s):

\_\_\_\_\_

My/Our Contact Number(s):

\_\_\_\_\_

My/Our Account Number:

\_\_\_\_\_

My/Our Signature(s)/Thumbprint(s)\*:

\_\_\_\_\_

**SIGN HERE**

### PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC	Billing Organisation's Account No	Billing Organisation's Customer Ref No
DBSSGSG	048-903711-3	

SWIFT BIC	Account No. To Be Debited

### PART 3: FOR FINANCIAL INSTITUTION'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"/> Others                                   |

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

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

\_\_\_\_\_  
Date

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

# Please delete where inapplicable