# APPLICATION FORM FOR INTERBANK GIRO

This form may take you 5 minutes to fill in.
You will need the following information to fill in the form:
- The bank account number
- The bank and branch code
- The name and address of the branch

Please fill up this form so that all future payments to **Agri-Food and Veterinary Authority (AVA)** will be deducted from the bank account stated. Please contact Ms Ng Kim Choo at 6325-7696 if there is any queries.

Please fill in Part I **only**, and return the ENTIRE original form (fax copy not acceptable) to
**Financial Controller (Attn: Ms Ng Kim Choo), AVA, 5 Maxwell Road, #03-00, Tower Block, MND Complex, Singapore 069110**

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

■ Date : _____

Name of Billing Organisation ("BO") :
**Agri-food & Veterinary Authority**

■ To: Name of Bank :

_____

■ Name of Customer :

_____

■ Branch & Address:

_____

_____

■ My/ Our Address:

_____

_____

(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 inan 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.

■ My/ Our Bank Account Name(s):

_____

■ My/ Our Contact (Tel/ Fax) Number(s):

_____

■

| My/ Our Bank Account Number : | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

■ My/ Our Company Stamp/ Signature(s)/ Thumbprint(s)*:

_____
( As in Bank's records)

## PART 2 : FOR BILLING ORGANISATION'S COMPLETION

| Bank | | | | Branch | | | AVA's Bank Account No. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 1 | 7 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 7 | 2 | 1 | 0 | 0 | 3 |

| Billing Organisation's Customer's Reference Number : | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

| Bank | | | | Branch | | | Customer's Bank Account No. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |

## PART 3 : FOR BANK'S COMPLETION

To: Financial Controller, AVA, 5 Maxwell Road, #03-00, Tower Block, MND Complex, Singapore 069110

**This Application is hereby REJECTED (please tick) for the following reasons:**

☐ **Signature/ Thumbprint# differs from Bank'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 inapplicable