SAMPLE ONLY

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 account name
- The bank and branch code
- The name of the bank 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 **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 : 8 JUL 2011

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

■ To: Name of Bank and Branch
DBS Bank / Holland Road

■ Name of Customer (in AVA's records) :
XYZ COMPANY PTE LTD

■ Bank Branch Address (optional) :
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■ My Mailing Address (in AVA's records) :
Blk 346 #01-456
BT BATOK CENTRAL (S) 650346

(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 Email Address (optional)[#]:
xyz@gmail.com

[#] *I hereby agree to receive monthly GIRO statements from AVA via this email address. This authorisation shall be in force until terminated upon your receipt of my written revocation.*

■ My/ Our Bank Account Name(s) :
XYZ COMPANY PTE LTD

■ My Contact (Tel/ Fax) Number(s) :
65559999

■ My/ Our Bank Account Number :

7	1	7	1	0	6	3	0	6	3	9	9	9	9	9	9	

■ My/ Our Company Stamp/ Signature(s)/ Thumbprint(s)*:
(As in Bank's records)

* For thumbprint, please go to the bank with your identification.

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 Bank's completion: Please delete where inapplicable.