



# 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 Nor Azizah at 6325-7696 if there are any queries.

Please fill in Part I **only**, and return the **ORIGINAL** form (fax copy not acceptable) to **Financial Controller (Attn: Ms Nor Azizah), 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 and Branch

■ Name of Customer (in AVA's records) :

■ Bank Branch Address (optional) :

■ My Mailing Address (in AVA's records) :

- (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.

■ My Email Address (optional)#: \_\_\_\_\_

# 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) :

■ My Contact (Tel/ Fax) Number(s) :

My/ Our Bank Account Number :												

■ 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.