

**GIRO APPLICATION FORM**
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**PART 1: FOR APPLICANT'S COMPLETION**

(Please fill in all the fields. Incomplete forms may not be processed.)

Date:	Name of Billing Organisation ("BO"): Maybank, Singapore
To : MY/Our Bank ("Bank")	Maybank's Customer Reference No:
	Maybank Customer's Name:

- a) I/We hereby instruct the Bank to process Maybank's instructions to debit my/our account.
- b) The Bank is entitled to reject Maybank'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
- The Bank's written notice sent to my/our address last known to the Bank.
  - upon the Bank's receipt of my/our written revocation; or
  - upon the Bank's receipt of the notice of expiry from the Maybank.

My/Our Name (s):	My/Our Contact (Tel/Fax) Number(s):
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint(s)*

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

**PART 2: FOR MAYBANK'S COMPLETION**

SWIFT BIC	Maybank Account No	Maybank Customer Reference No
MBBESGSGXXX		
SWIFT BIC	Account No. To Be Debited	Payment limit

**PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION**

To :	<b>MAYBANK PSC-KOVAN 996B, Upper Serangoon Road, Singapore 534736.</b>
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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 # Please delete where applicable
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