



## APPLICATION FORM FOR INTERBANK GIRO

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

Date: ✓ _____ To: Name of Financial Institution: ✓ _____ Branch: ✓ _____	Name of Billing Organisation ("BO"): <b>THE BRITISH CLUB</b> Customer's Name: ✓ _____ Customer's Reference Number: ✓ _____ (Your Membership No.)
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

- (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 notices sent to my/our address last known to you or upon receipt of my/ our written revocation through the BO.

My/Our Name(s): ✓ _____ My/Our Bank Account Number: ✓ _____	My/Our Contact (Tel/Fax) Number (s): ✓ _____ My/Our Company Stamp/Signature(s) Thumbprint(s)*: ✓ _____ (As in Financial Institution's records)
----------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Bank	Branch	Billing Organisation's Account No
7 2 3 2	1 4 1	2 1 9 5 4 3 0 0 1

Billing Organisation's Customer Ref No

Bank	Branch	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