

GIRO APPLICATION FORM

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all applicable fields; refer to a sample in page 3, for reference. Incomplete forms may not be processed.)

Date: _____ Name of Billing Organisation ("BO")
 _____ SINGHEALTH POLYCLINICS
 To: My/Our Bank ("Bank") _____ Billing Organisation's Customer's Reference No:

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

My/Our Name (s): _____ My/Our Contact (Tel/Fax) Number(s): _____

 My/Our Account Number: _____ My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

 (As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC DBSSSGSGXXX	Billing Organisation's Account No	Billing Organisation's Customer Ref No

SWIFT BIC	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):

- Signature/thumbprint# differs from Financial Institution'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



NOTE: If you are applying for GIRO to pay for another patient, please also fill in the authorisation form below for your application and provide a photocopy of your NRIC and/or valid identification document(s).
 Please leave this form blank if inapplicable.

GIRO AUTHORISATION FORM
 (FOR APPLICANT’S COMPLETION)

I, _____(NAME), _____(NRIC), hereby authorise deductions to be made by SingHealth Polyclinics from my bank account _____(BANK ACCOUNT NUMBER), _____(BANK NAME) for the payments of the following person(s) bills:

<u>S/N</u>	<u>Patient Name</u>	<u>Patient’s NRIC</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

 Name of bank account holder

 NRIC of bank account holder

 Signature

| Bedok | Bukit Merah | Geylang | Marine Parade | Outram | Pasir Ris | Queenstown | Sengkang | Tampines

SAMPLE
GIRO APPLICATION FORM
 PART 1: FOR APPLICANT'S COMPLETION
 (Please fill in the all fields. Incomplete forms may not be processed)

Date: _____ Name of Billing Organisation ("BO")
 _____ SINGHEALTH POLYCLINICS

To: My/Our Bank ("Bank") Billing Organisation's Customer's Reference No:
Applicant's bank name (e.g. UOB, DBS) Payer NRIC / identification number

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
 (b) The Bank is 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.
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 ii. upon the Bank's receipt of my/our written revocation; or
 iii. upon the Ban's receipt of the notice of expiry from the BO.

My/Our Name (s): _____ My/Our Contact (Tel/Fax) Number(s): _____
Applicant's name (per applicant's bank records) Applicant's contact number

My/Our Account Number: _____ My/Our Company Stamp/Signature(s)/Thumbprint(s)*: _____
Applicant's bank account number Applicant's signature / thumbprint (per bank's records)
 (As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC DBSSSGSGXXX	Billing Organisation's Account No	Billing Organisation's Customer Ref No
SWIFT BIC	Account No. To Be Debited	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

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- | | |
|---|---|
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| <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

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