

# APPLICATION FORM FOR INTER-BANK GIRO

COMPLETE **PART I** FOR RETURN TO SINGAPORE DENTAL COUNCIL  
16 College Road, #01-01 College of Medicine Building, Singapore 169854

## Part I : For Dentist's Completion

To: Name of Bank \_\_\_\_\_ Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Name of Bank Account Holder	Dentist's Ref No. (NRIC or FIN)

My/Our Bank Account No.	Name of Dentist

- (a) I/We hereby instruct you to process the SDC's instructions to debit my/our account.  
 (b) You are entitled to reject the SDC'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 SDC.

My/Our Contact No:

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
My/Our Signature(s)/Clinic Stamp/Thumb Print(s)  
(As in Bank's Records)

## Part II : For Singapore Dental Council's Completion

Bank	Branch	Singapore Dental Council's Bank A/C No
7 1 7 1	0 5 0	0 5 0 0 0 5 6 1 2 0

Bank	Branch	A/C No. to be debited	Dentist's Ref No. (NRIC or FIN)

## Part III : For Bank's Completion

To: Singapore Dental Council, 16 College Road, #01-01 College of Medicine Building, Singapore 169854

This Application is hereby REJECTED (please tick) for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank'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: _____                            |

\_\_\_\_\_  
Authorized Signature & Name of Approving Officer

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Date

- For thumbprint, please go to the branch with your identification.