

**TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD**

**APPLICATION FORM FOR PAYMENT OF PRACTISING CERTIFICATE FEE  
THROUGH INTER-BANK GIRO**

Please complete Part I of this form and forward the original signed copy to Traditional Chinese Medicine Practitioners Board (TCMPB):

**Part I : To be completed by the TCM Practitioner**

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

\_\_\_\_\_

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

Name of Bank Account Holder

TCM Practitioner's NRIC Number									

My/Our Bank Account Number

Name of Registered TCM Practitioner

- a) I/We hereby instruct you to process the TCMPB's instructions to debit my/our account.
- b) You are entitled to reject the TCMPB'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 authorization will remain on 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 TCMPB.

My/Our contact no. Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
My/Our Signature(s)/Clinic's Stamp/ Thumbprint(s)\*

(As per Bank's record)

\*For Thumbprint, please go to the Bank with your identification

**Part II : For use by TCMPB**

Bank	Branch	TCMPB's Bank Account No.
7 1 7 1	1 0 0	1 0 0 9 0 0 2 3 3 6
Bank	Branch	Account Number to be debited

TCM Practitioner's NRIC Number									

**Part III : For use by the approving Bank**

To : The TCM Practitioners Board

This application is hereby REJECTED (Please ✓ ) for the following reason(s):

- Signature/ Thumbprint\* differs from Bank's records
- Signature/ Thumbprint\* is incomplete/ unclear
- Account operated by signature/ Thumbprint
- Wrong account number
- Amendments not countersigned by account holder
- Others

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

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

\_\_\_\_\_  
Date