

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 Singapore Medical Council:

Part I : To be completed by the Doctor

To : Name of Bank Date : _____

Branch : _____

Name of Bank Account Holder

Doctor's MCR Number					

My/ Our Bank Account Number

Name of Registered Doctor

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

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 SMC

Bank				Branch			SMC's Bank Account Number									
7	1	7	1	0	6	7	0	6	7	0	0	1	3	9	3	0

MCR Nos :					

Bank				Branch			Account Number to be debited									

Part III : For use by the approving Bank

To : The Singapore Medical Council

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* is incomplete / unclear | <input type="checkbox"/> Amendments not countersigned by account holder |
| <input type="checkbox"/> Account operated by signature / Thumbprint | <input type="checkbox"/> Others |

Authorized Signature / Name of
Approving Officer

Name of Bank

Date