



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with T)

Date: _____ Name of Billing Organisation ("BO"): **SINGAPORE PHARMACY COUNCIL**

T _____

To: Name of Financial Institution: _____ Pharmacist's Name: _____

T _____ T _____

Branch: _____ Pharmacist Registration Number (PRN): _____

T _____ T _____

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

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

T _____ T _____

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

T _____ T _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank				Branch			SPC's Bank Account Number									
7	1	7	1	0	0	3	0	0	3	9	0	7	9	1	1	7

PRN :						

Bank				Branch			Account Number 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