

## ITIPORT CREDIT CO-OPERATIVE LTD

## **APPLICATION FORM FOR INTERBANK GIRO**

PART 1: FOR APPLICANT'S COMPLETION	
Date	Name of Billing Organisation or ("BO")
	CITIPORT CREDIT CO-OPERATIVE LTD
To (Name of Financial Institution/Bank)	Billing Organisation's Members' Name
Branch	NRIC No.
	Billing Organisation's Member's No.
<ul> <li>(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.</li> <li>(b) You are 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. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.</li> <li>(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.</li> <li>(d) It is the BO's responsibility to inform banks upon termination of this authorisation and to ensure no deductions are made thereafter.</li> </ul>	
My/Our Name(s) as in Bank's record	My/Our Contact (Tel/Fax) Number(s)
	My/Our Signature(s) / Thumbprint(s)*
My/Our Account Number:	
	(As in Financial Institution's records)
PART 2: FOR BILLING ORGANISATION'S COMPLETION	
Bank Branch Billing Organisation's Account No.	Billing Organisation's Member's Reference No.
7 1 7 1 0 1 2 0 1 2 0 0 4 5 3 1 0	
Bank Branch Account Number To Be Debit	ed
PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION	
To: Citiport Credit Co-operative Limited 218 Pasir Panjang Road, #02-03 ICON@Pasir Panjang, Singapore 118579	
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 Au	ationiood digitatato