

APPLICATION FOR GIRO

Instructions to client :1) Please complete Part 1 of the application form
 2) Upon completion, please submit the ORIGINAL form to the above mentioned address

PART 1 : FOR APPLICANT'S COMPLETION

Client's Name	x
NRIC/Passport No.	x

Applicant's Home/Billing Address
 x _____

My/Our Contact Number:
 1. x _____ (Home) 2. x _____ (H/P)

My/Our Name(s) As In Bank Account:
 1. x _____
 2. x _____

Bank Name x _____
 Bank Branch x _____

My/Our Bank Account Number:

Bank Code	Branch	Client's A/c No.

- a) I/We hereby instruct you to process the billing organisation's instructions to debit my/our account
- b) You are entitled to reject the billing organisation's 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 to 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 Billing Organisation
- d) Amendments made on the form must be countersigned by the applicant

x _____
 My/Our Signature(s)/Thumbprint(s) as in bank records

x _____
 My/Our Signature(s)/Thumbprint(s) as in bank records

PART 2 : FOR CORDLIFE GROUP LIMITED'S COMPLETION

Name of Billing Organisation:
CORDLIFE GROUP LIMITED

Client's Name	
Reference No.	

x UCB Contract Number(s):

S	G	0	0								
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Bank Code	Branch	Billing Organisation's A/c No
7 1 7 1	0 0 3	0 0 3 9 1 3 1 9 9 2

x Bank Code	Branch	Client's A/c To Be Debited

	Bank Code	Branch Code
DBS	7171	First 3 digits of the account number
POSB	7171	081
OCBC	7339	First 3 digits of the account number
HSBC	7232	First 3 digits of the account number
SCB	7144	Use '0' + First 2 digits of the account number

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To: CORDLIFE GROUP LIMITED

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/ Thumbprint differs from Financial Institution's records
<input type="checkbox"/> Signature/ Thumbprint is *incomplete/ unclear
<input type="checkbox"/> Account operated by *signature/ thumbprints | <input type="checkbox"/> Wrong account number
<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Others (Please specify): _____ |
|---|---|

 Name of Approving Officer

 Authorised Signatory

 Date (day/month/year)

* Please delete accordingly