Cordlife Technologies Pte. Ltd.

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 $\textbf{Find Out More} \, \bullet \, \text{info@cordlife.com} \, \bullet \, \textbf{For Cordlife Parents} \, \bullet \, \text{customercare@cordlife.com}$

Company Registration Number: 200510396W



APPLICATION FOR GIRO

	Please complete Part 1 of the app Upon completion, please submit t		o the above	e mentione	ed addre	SS						
	PAF	RT 1 : FOR APPLI	CANT'S	COMPLE	TION							
Client's Name	х	My/Our Name(s) As In Bank Account:										
NRIC/Passport No.	1. x											
Applicant's Home/Billing Address			2. x									
• •	y Address		D. J. N									
~				ame x ranch x								
My/Our Contact Number:			My/Our Bank Account Number:									
1. x (Home) 2. x (H/P)		(H/P)	Bank Code Branch				ch Client's A/c No.					
				1 1								
at your discretion allo c) This authorisation wi revocation through th	ject the billing organisation's instr w to debit even if this results in an Il remain in force until terminated e Billing Organisation on the form must be countersigned	n overdraft on the ac d by your written not	count and i	mpose ch	arges ac	cordin	gly.					
x			x									
My/Our Signati	ure(s)/Thumbprint(s) as in ban	k records		My/Our	Signat	ure(s)	/Thumb	print(s) as in	banl	record	S
	PART 2 : FC	OR CORDLIFE GR	OUP LIM	ITED'S C	OMPLI	ETION						
Name of Billing Organia	sation:											
CORDLIFE TECHNOLOGIES PTE LTD			x Bank Code Bran			ch Client's A/c To Be Debited						
Client's Name						_						
Reference No.		Bank Code DBS 7171			Branch Code							
x UCL Contract Number(s):		DBS POSB	71 71		First 3 digits of the account number 081							
S G 0 0 0			OCBC	73.		First 3 digits of the account number						
			¬ HSBC	72		First 3 digits of the account number						
Bank Code Branch Billing Organisation's A/c No		SCB	7144		Use '0' + First 2 digits of the account number							
7 1 7 1 0 0	3 0 0 3 9 2 5	1 4 8 3										
	PART 3 : F	OR FINANCIAL I	NSTITUTI	ON'S CC	MPLE	ΓΙΟΝ						
☐ Signature/ Thumbp☐ Signature/ Thumbp	P LIMITED aby REJECTED (please tick) for rint differs from Financial Institution in the state of the state o	•	☐ Wro	ong accor endment: ers (Plea	s not co	unters	signed	by cu	stomer			
Name of Approv		Authorised S	Signatory	,	-				Date ((dav/	month/	

^{*} Please delete accordingly