INTERBANK GIRO APPLICATION FORM

Please **FILL IN** PART 1 of this form, **PRINT** it out, **SIGN** and **RETURN** to the Billing Organisation.

PART 1: FOR APPLICANT'S COMPLETION (FILL IN THE SPACES INDICATED WITH A *)

* Date (DD/MM/YYYY):	* Name Of Billing Organisation ("BO"): **Cordlife Group Limited**
* To: Name Of Bank/Finance Company: **United Overseas Bank Limited**	* Billing Organisation's Customer's Name:
* Branch:	* Customer's NRIC/Passport Number: **T**
	* Billing Organisation's Customer Reference Number: **SG-0-0**

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.

(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 so doing. 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/Hp/Pgr) Number(s):
* My/Our Account Number:	* My/Our Company Stamp/Signature(s)/Thumbprint(s)**: (As In Bank/Finance Company's Records) **For thumbprints, please go to the branch with your identification.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC: **7171 003**	Billing Organisation's Account No.: **0039131992**	Billing Organisation's Customer Ref No.: **SG-0-0**
SWIFT BIC:	Account No. To Be Debited:	

PART 3: FOR BANK/FINANCE COMPANY'S COMPLETION

To: The Manager

(Name & Address Of Billing Organisation)

Attn:

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

- ☐ Signature/Thumbprint# differs from bank's/finance co'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 (DD/MM/YYYY)

#Please delete where inapplicable