



# APPLICATION FORM FOR INTERBANK GIRO

This form may take you 5 minutes to fill in. **PLEASE DO NOT USE CORRECTION FLUID OR CORRECTION TAPE.**

You will need the following information to fill in the form:

- The bank account number
- The bank account name
- The bank and branch code
- The name of the bank branch

Please fill up this form so that all future payments to **Agri-Food and Veterinary Authority (AVA)** will be deducted from the bank account stated. Please contact Ms Nor Azizah at 6805-2664 if there are any queries.

Please fill in Part I **only**, and return the **ORIGINAL** form (fax copy not acceptable) to **Director/Finance (Attn: Ms Nor Azizah), AVA, 52 Jurong Gateway Road, #14-01, Singapore 608550**

## PART 1 : FOR APPLICANT'S COMPLETION ( fill in the spaces indicated with ■ )

■ Date : \_\_\_\_\_

Name of Billing Organisation ("BO") : **Agri-Food & Veterinary Authority**

■ To: Name of Bank and Branch

■ Name of Customer (in AVA's records) :

■ Bank Branch Address (optional) :

■ My Mailing Address (in AVA's records) :

- (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 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 Email Address (optional)#: \_\_\_\_\_

*# I hereby agree to receive monthly GIRO statements from AVA via this email address. This authorisation shall be in force until terminated upon your receipt of my written revocation.*

■ My/ Our Bank Account Name(s) :

■ My Contact (Tel/ Fax) Number(s) :

My/ Our Bank Account Number :												

■ My/ Our Company Stamp/ Signature(s)/ Thumbprint(s)\*: \_\_\_\_\_

( As in Bank's records)

\* For thumbprint, please go to the bank with your identification.

## PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	AVA's Bank Account No.														
7	1	7	1	0	0	1	0	0	1	0	7	2	1	0	0	3

Billing Organisation's Customer's Reference Number :												

Bank	Branch	Customer's Bank Account No.														

## PART 3 : FOR BANK'S COMPLETION

To: Director/Finance, AVA, 52 Jurong Gateway Road, #14-01, Singapore 608550

This Application is hereby **REJECTED** (please tick) for the following reasons:

- Signature/ Thumbprint# differs from Bank'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 Bank's completion: Please delete where inapplicable.