

# APPLICATION FOR INTERBANK GIRO



## PART 1: FOR APPLICANT'S COMPLETION

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Name of Billing Organisation ("BO")  
**MORNING STAR COMMUNITY SERVICES LIMITED ("MSCS")**

To (Name of Bank): \_\_\_\_\_ Branch: \_\_\_\_\_

I wish to make monthly Interbank Giro contributions in the amount indicated with tick (✓) in the box below:

\$10.00    \$20.00    \$50.00    \$100.00    \$200.00    Other amount - \$ \_\_\_\_\_ (please indicate amount – minimum \$10)

- (a) I hereby instruct you to process the BO's instructions to debit my account.
- (b) You are entitled to reject the BO's debit instructions if my account does not have sufficient funds and charge me 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 authorization will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the BO.

My/Company Name as shown in Bank records: Mr/Mrs/Ms/Mdm/Dr \_\_\_\_\_  
(please use BLOCK LETTERS)

My/Company Bank Account Number: \_\_\_\_\_ My NRIC/FIN No: 

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(please fully complete ID number e.g. S1234567F or G1234567B)

My/Company address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

My/Company Contact Numbers: \_\_\_\_\_ (Home/Office) \_\_\_\_\_ (Mobile)

My/Company Email Address: \_\_\_\_\_

*Please tick accordingly:*

- Yes    No   - Please submit my/company details to IRAS for auto-inclusion of my donation/s for tax relief.  
(From 1 Jan 2011, all donors are required to provide their NRIC / FIN / UEN in order to be given tax deduction based on donations. With this change, IRAS will no longer accept claims for tax donations based on donations receipts)

This Giro deduction will take effect from: \_\_\_\_ / \_\_\_\_  
Month Year

\_\_\_\_\_  
 Signature / Thumbprint (as in Bank's records)  
*For thumbprints, please go to the branch with your identification*

## PART 2: FOR MSCS'S COMPLETION

SWIFT BIC	Account No. to be Debited
<b>DBSSSGSGXXX</b>	<b>048-906082-4</b>

MSCS's Applicant's Ref No:																			
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SWIFT BIC	Account No. to be Debited

## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

### To MORNING STAR COMMUNITY SERVICES LIMITED

This Application is hereby REJECTED (please tick) FOR THE FOLLOWING REASON(S): *\*delete where applicable*

- 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: \_\_\_\_\_ Bank's Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_