

REF No. 10 Woodlands Drive 17, Singapore 737740  
Tel: 6893 0093 Fax: 6893 0051 email: contact@masjidyusofishak.sg**APPLICATION FORM FOR INTERBANK GIRO****PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with a tick ✓)**

<b>Date :</b> ✓ _____ <b>To : Name of Financial Institution</b> ✓ _____ <b>Branch :</b> ✓ _____	<b>Name of Billing Organisation ("BO") :</b> <b>MASJID YUSOF ISHAK</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"><b>Student Name</b></td><td>✓ _____</td></tr><tr><td><b>Student's BC / NRIC No.</b></td><td>✓ _____</td></tr><tr><td><b>Account Holder NRIC No.</b></td><td>_____</td></tr></table>	<b>Student Name</b>	✓ _____	<b>Student's BC / NRIC No.</b>	✓ _____	<b>Account Holder NRIC No.</b>	_____
<b>Student Name</b>	✓ _____						
<b>Student's BC / NRIC No.</b>	✓ _____						
<b>Account Holder NRIC No.</b>	_____						
<p>(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.</p>							
<b>My / Our Account Name (s) :</b> ✓ _____ <b>My / Our Account Number :</b> ✓ _____	<b>My / Our Contact (Tel / Fax) Number (s) :</b> ✓ _____ <b>My / Our Signature (s) / Thumbprint (s) * :</b> ✓ _____						

**PART 2: FOR BILLING ORGANISATION'S COMPLETION**

<b>Swift BIC</b> OCBCSGSGXXX	<b>Billing Organisation's Account No:</b> <b>686-223108-001</b>	<b>Customer Reference (Account Holder NRIC No.)</b>
<b>Swift BIC (Account holder)</b>	<b>Account No. to be debited:</b>	

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

<b>To: MASJID YUSOF ISHAK</b>	
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 # incomplete / unclear # <input type="checkbox"/> Account operated by signature / thumbprint #	<input type="checkbox"/> Wrong Account Number <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Others _____
_____ Name of Approving Officer	_____ Authorised Signature / Date
* For thumbprints, please go to the branch with your identification. # Please delete where applicable.	