

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 C	ompletion (Fill in the spaces indicated with a *)
* Date (DD/MM/YYYY):	* Name Of Billing Organisation (*BO*):
01 January	
* To: Name Of Bank/Finance Company:	* Billing Organisation's Customer's Name:
* Branch:	* Customer's NRIC/Passport Number:
	* Billing Organisation's Customer Reference Number:
for so doing. You may also, at your discretion, charges accordingly.	tion if my/our account does not have sufficient funds and charge me/us a fee allow the debit even if this results in an overdraft on the account and impose ninated by your written notice sent to my/our address last known to you or
* 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
Bank - Branch - Billing Organisation's Account No.	Billing Organisation's Customer Ref No.
Bank - Branch - Account No. To Be Debited	
Part 3 : For Ba	nk / Finance Company's Completion
To: The Manager	(Name & Address Of Billing Organisation)
Attn:	
This application is hereby REJECTED (please to signature/Thumbprint* differs from bank's finance co's records Signature/Thumbprint* incomplete/uncleation account operated by signature/thumbprint*	Wrong account number
Name Of Approving Officer	Authorised Signature Date (DD/MMYYYY)

* Please delete where inapplicable

United Charteses: Black Ltd. Consumy Reg No. 10000000002

<u>Uob Credit Card Giro Application Form</u>

F Rizvi

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