

APPLICATION FOR INTERBANK GIRO



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

DATE:

✓ _____

NAME OF BILING ORGANISATION:

✓ PHARMACEUTICAL SOCIETY OF SINGAPORE

TO: NAME OF BANK

✓ _____

MEMBER'S NAME:

✓ _____

BRANCH:

✓ _____

PSS MEMBERSHIP NUMBER:

✓ _____

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

(B) You are entitled to reject the PSS'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 my/our written revocation through the PSS.

MY/OUR NAME(S):

✓ _____

MY/OUR CONTACT (TEL/MOBILE) NUMBER:

✓ _____

MY/OUR ACCOUNT NUMBERS:

✓ _____

MY/OUR COMPANY STAMP/SIGNATURE(S)/THUMBPRINT(S)*:

✓ _____

(AS IN BANK'S RECORDS)

PART 2: FOR PSS SECRETARIATE'S COMPLETION

BANK				BRANCH			PSS ACCOUNT NUMBER									
7	1	7	1	0	6	7	0	6	7	0	0	0	4	6	4	7

PSS MEMBERSHIP NUMBER				

BANK				BRANCH			ACCOUNT NO. TO BE DEBITED									

PART 3: FOR BANK'S COMPLETION

To: Pharmaceutical Society of Singapore

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

€ Signature/Thumbprint[#] differs from
Financial Institution's records

€ Wrong account number

€ Signature/Thumbprint incomplete/unclear[#]

€ Amendments not countersigned by
customer

€ Account operated by
Signature/Thumbprint[#]

€ Others: _____

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable

*For thumbprints, please go to the branch with your identification