

<b>BATCH NUMBER</b>

**APPLICATION FORM FOR INTERBANK GIRO  
(AUTO FINANCING)**

**PART 1: APPLICANT'S COMPLETION** (fill in the spaces indicated with ✓)


Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ **[ OCBC Bank ]**

To: Name of Financial Institution \_\_\_\_\_ Billing Organisation's Customer's Name: \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ \_\_\_\_\_

Branch: \_\_\_\_\_ Billing Organisation's Customer's Reference Number: \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ \_\_\_\_\_

- (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/Our Name(s): \_\_\_\_\_ MY/Our Contact (Tel/Fax) Number(s): \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ \_\_\_\_\_

My/Our Account Number: \_\_\_\_\_ My/Our Company Stamp/Signature(s)/Thumbprints(s)\*: \_\_\_\_\_  
 ✓ \_\_\_\_\_ ✓ \_\_\_\_\_ 

(As in Financial Institution's records)  
 \* For thumbprints, please go to the branch with your identification

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

Bank	Branch	Organisation's Account No.
7   3   3   9	5   0   1	9   6   7   2   1   0   0   0   1

Billing Organisation's Customer Ref No.

Bank	Branch	Account No. To Be Debited

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

To: Billing Organisation

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"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#                          | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint#                          | <input type="checkbox"/> Others: _____                            |

\_\_\_\_\_  
 Name of Approving Officer                      Authorised Signature                      Date