



シンガポール日本人会  
The Japanese Association,  
Singapore

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**APPLICATION FORM FOR INTERBANK GIRO**

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

Date:

√ \_\_\_\_\_

To: Name & Address of Financial Institution

√ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Branch:

√ \_\_\_\_\_

Name of Billing Organisation ("BO"):

**THE JAPANESE ASSOCIATION, SINGAPORE**

Billing Organisation's Member's Name:

√ \_\_\_\_\_

Billing Organisation's Membership Reference Number:

√ 

J	A	S	-						
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- (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 Account Number:

√ \_\_\_\_\_

My / Our Contact (Tel/Fax) Number(s):

√ \_\_\_\_\_

My / Our Signature (s)/Company Stamp\*:

√ \_\_\_\_\_

(As in Financial institution's records)

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

Bank	Branch	Billing Organisation's Account No.																		
7	1	2	6	0	0	1	1	0	0	1	5	8								

Billing Organisation's membership's No.									
J	A	S	-						

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):

- Signature differs from Financial Institution's records
- Wrong account number
- Signature incomplete / unclear#
- Amendments not countersigned by customer
- Account operated by signature
- Others: \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

\*In case of company A/c, company stamp is required.

# Please delete when inapplicable.



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**APPLICATION FORM FOR INTERBANK GIRO**

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

Date:

√ 日付

To: Name & Address of Financial Institution

√ 銀行名 アドレス

Branch:

√ 支店名

- (d) I / We hereby instruct you to process the BO's instructions to debit my / our account.
- (e) 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.
- (f) 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):

√ 銀行名義人氏名

My / Our Account Number:

√ 銀行口座番号を書きます。\* 通帳に書いてある番号です。  
カード又はクレジットカード番号ではありません。  
通帳をお持ちでない方は銀行にてご確認をおねがいします。

Name of Billing Organisation ("BO"):

THE JAPANESE ASSOCIATION, SINGAPORE

Billing Organisation's Member's Name:

√ 正会員氏名をローマ字で

Billing Organisation's Membership Reference Number:

√ J A S -

正会員番号 例: N1234

My / Our Contact (Tel/Fax) Number(s):

√ 会員ご連絡先

My / Our Signature (s)/Company Stamp\*:

√ 銀行の登録と同じサイン

(As in Financial institution's records)

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

Bank	Branch	Billing Organisation's Account No.
7 1 2 6	0 0 1	1 0 0 1 5 8

Billing Organisation's membership's No.
J A S -

Bank	Branch	Account No. To Be Debited

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To: Billing Organisation

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- Others: \_\_\_\_\_

Name of Approving Officer

Authorised Signature

Date

\*In case of company A/c, company stamp is required.

# Please delete when inapplicable.