



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

Name of Billing Organisation ("BO"):

THE JAPANESE ASSOCIATION, SINGAPORE

To: Name & Address of Financial Institution

√ _____ 銀行名 アドレス

Billing Organisation's Member's Name:

√ _____ 会員氏名

Billing Organisation's Membership Reference Number:

√

J	A	S	-						
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会員番号

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 Contact (Tel/Fax) Number(s):

√ _____ 会員ご連絡先

My / Our Account Number:

√ _____ 銀行口座番号

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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