

見本



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

銀行へは原紙の提出となります。書き損じの場合、二重線を引き訂正サイン（銀行登録と同じサイン）をしてください。修正液は使えません。

Submit Original Copy to Japanese Association, Singapore

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 Bank √ 銀行名 アドレス

The Japanese Association Member's Name: √ 正会員氏名をローマ字で

Bank Branch: √ 支店名

The Japanese Association Membership Reference Number: √ J A S - [] [] [] [] [] [] [] []
正会員番号 (例) N1234

- (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): √ 銀行名義人氏名

My / Our Contact (Tel/Fax) Number(s): √ 会員ご連絡先

My / Our Account Number: 通帳に書いてある銀行口座番号 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願いします。 (Credit card not acceptable)

My / Our Signature (s)/Company Stamp*: √ 銀行の登録と同じサイン (As in Bank's records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Table with columns: Bank, Branch, Billing Organisation's Account No. and numerical digits.

Table with columns: The Japanese Association Membership's No. and letters J, A, S, -, followed by digits.

Table with columns: Bank, Branch, Account No. To Be Debited and numerical digits.

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
Signature incomplete / unclear#
Account operated by signature
Amendment made by correction fluid is not allowed
Wrong account number
Amendments not countersigned by customer
Others:

Name of Approving Officer, Authorised Signature, Date
*In case of company A/c, company stamp is required. # Please delete when inapplicable.