



GIRO APPLICATION FORM

For School Fee

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in the spaces indicated with ✓)

Date:

✓

Name of Billing Organisation ("BO"):

THE JAPANESE SCHOOL SINGAPORE

To: My/Our Bank ("Bank")

✓

✓ Billing Organisation's Customer's Reference No:

S	F	E	E											
S	F	E	E											
S	F	E	E											
S	F	E	E											

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
 (b) The Bank is 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. The Bank may also at its 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:
 (i) the Bank's written notice sent to my/our address last known to the Bank;
 (ii) upon the Bank's receipt of my/our written revocation; or
 (iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name(s):

✓

My/Our Contact (Mobile/Tel):

✓

My/Our Account Number:

✓

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

✓

(As in Financial Institution's records)

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Swift BIC	Billing Organisation's Account No.													
BOTKSGSX	1	2	3	5	5	6								

Swift BIC	Account No. To Be Debited													

Billing Organisation's Customer's Ref No.														
S	F	E	E											
S	F	E	E											
S	F	E	E											
S	F	E	E											

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

#For thumbprints, please go to the branch with your identification.

Please delete where inapplicable.