**Interbank GIRO Application Form (Kindergarten)**

**LEMBAGA PENTADBIR MASJID AL-IMAN**

**NO. 10 BUKIT PANJANG RING ROAD, SINGAPORE 679943**

**Tel: 6769 0770 Fax: 6769 8970**

*Please complete PART 1 of this form and return to the Billing Organisation*

|  |
| --- |
| Part 1: For Applicant’s Completion (fill in the spaces indicated below with a √) |
| √ Date: | √ Name of Billing Organization (BO) **MASJID AL-IMAN – OPERATING ACCOUNT |**  |
| √ To: Name of Bank/ Finance: | √ Customer’s Name (Student’s Name) |
| √ Branch: | √ Customer’s Reference Number (Student’s BC No)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **K** | **D** | **G** | **T** |  |  |  |  |  |  |  |  |

 |

1. I/We hereby instruct you to process the BO’s instructions to debit/our account.
2. 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 ovderdraft on the account and impose charges accordingly.
3. This authorization 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.
4. It is the BO’s responsibility to inform banks upon the expiry of this authorization and to ensure no deductions are made thereafter.

My/ Our Name(s) (Account Holder’s Name): My/ Our Contact Tel/Fax/Handphone No(s):

√\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ √\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My/ Our Account No: My/ Our Company Stamp/Signature(s)/Thumbprint(s):

√ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ √ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (As in Bank/Finance Company’s records)

 *\*For thumbprints, please go to branch with your identification.*

|  |
| --- |
| Part 2: For Billing Organization’s Completion |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank** | **Branch** | **BO Account No.** |  | **Billing Organization Reference No** |
| **7** | **9** | **8** | **6** | **0** | **0** | **1** | **2** | **0** | **0** | **0** | **5** | **6** | **4** | **2** | **1** | **9** |  | **K** | **D** | **G** | **T** |  |  |  |  |  |  |  |  |
|  |
| **Bank** | **Branch** | **Account number to be DEBITED** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Part 3: For Bank/ Finance Company’s Completion |

|  |
| --- |
| To: **MASJID AL-IMAN** 10 Bt Panjang Ring Road Singapore 679943 Attn: Mdm Siti Jamaliah Bte Ali |

This application is hereby REJECTED (please tick) for the following reason(s):

( ) Signature/Thumbprint differs from Bank’s Finance Co’s records. ( ) Wrong account number.

( ) Signature/Thumbprint incomplete/unclear. ( ) Amendments not countersigned by customers.

( ) Account operated by signature/thumbprint. ( ) Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Approving Officer Authorized Signature Date