



APPLICATION FORM FOR INTERBANK GIRO
PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

Batch No: _____

Date: _____

Insert the date of application ✓

Insert the name of your bank ✓

Insert the name of your branch ✓

Insert your bank account holder's name ✓

Insert your bank account number ✓

Name of Billing Organisation ("BO"): **SINGAPORE POLO CLUB**

Member's Name: ✓

Member's Membership Number: ✓

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

My/Our Account Name(s): _____

My/Our Account Number: _____

My/Our Company Stamp/Signature(s) Thumbprint(s): _____
 (As in Financial Institution's records)

1. Insert your full name
 OR
 2. the company name if the dues are paid by the company

Insert your membership number

Insert your contact number (s)

Please sign here as in bank's records

(a) I/We hereby instruct you to process the Singapore Polo Club's instructions to debit my/our account.
 (b) You are entitled to reject the Singapore Polo Club'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 Singapore Polo Club.

PART 2: FOR SINGAPORE POLO CLUB'S COMPLETION

Bank	Branch	Singapore Polo Club's Account No.	Member's Membership Number
9	4	5	6
0	0	0	0
6	0	8	3
1	2	5	1
7			

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: SINGAPORE POLO CLUB
 80 Mount Pleasant Road
 Singapore 298334
 Attention: To: Accounts Dept.

Batch No: _____

This Application is hereby REJECTED (Please tick) for the following reason(s):

Signature/Thumbprint# differs from Financial Institution's records

Signature/Thumbprint# incomplete/unclear#

Account operated by signature/thumbprint#

Wrong account number

Amendments not countersigned by customer

Others: _____

Name of Approving Officer: _____ Date: _____

Authorized Signature: _____

* For thumbprints, please go to the branch with your identification. # Please delete where inapplicable