

APPLICATION FORM FOR INTERBANK GIRO

PART 1 - FOR APPLICANT'S COMPLETION

Date: _____

Name of Billing Organisation:

NANYANG POLYTECHNIC

To: Name of Financial Institution/Bank: _____

Student's Name: _____

Student's Admission Number:

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- a. I/We hereby instruct you to process Nanyang Polytechnic's instruction to debit my/our account.
- b. You are entitled to reject Nanyang Polytechnic's debit instructions 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 authorization will remain in force until terminated by your written notice sent to me/our address last known to you or upon receipt of my/our written revocation through Nanyang Polytechnic.

My/Our Name(s) [Name(s) of Bank Account Holder]: _____

My/Our Contact (Telephone/Handphone) Number(s): _____

My/Our Bank Account Number: _____

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

(As in Financial Institution/Bank's records)
 * For thumbprint, please go to the Bank to have it verified.

- Amendments, if any, are to be counter-signed/thumbprint by the account holder.
- No correction fluid/tape is allowed.

PART 2 - FOR NANYANG POLYTECHNIC'S COMPLETION

SWIFT BIC	Nanyang Polytechnic A/C No.
U O V B S G S G X X X	9 0 9 3 4 4 3 4 4 2

Student's Admission No.								
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SWIFT BIC	Account No. to be Debited																				
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Batch No.: NYP/SM/ _____

PART 3 - FOR FINANCIAL INSTITUTION'S COMPLETION

To: NANYANG POLYTECHNIC, Finance Department
 180 Ang Mo Kio Avenue 8, Singapore 569830

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"/> Signature/Thumbprint # incomplete/unclear #
<input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Wrong Account Number
<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Others: _____ |
|---|--|

Name of Approving Officer

Authorised Signature

Date

Please delete where applicable.