APPLICATION FORM FOR INTERBANK GIRO



PART 1: FOR APPLICANT'S COMPLETION (fill in the shaded boxes only)	
Date	Name of Billing Organisation ("BO"):
	TAMILS REPRESENTATIVE COUNCIL
Name of Bank	Applicant's Name
Branch	Applicant's NRIC No.
Email Address	Residential Address
 (a) I/We hereby instruct you to process the BO's instruction to debit my/o (b) You are entitled to reject the BO's Debit instruct if my/our account doe You may also at your discretion allow the debit even if this results in an over (c) This authorization will remain in force until terminated by your written not the BO. 	
My/Our Name(s)	My/Our Contact Number
My/Our Account Number Amount of Contribution	My/Our Company Stamp/Signature(s)/Thumbprint(s)*
Amount of Contribution	
	(as in Bank records)
PART 2: FOR TAMILS REPRESENTATIVE COUNCIL'S	COMPLETION
Bank Branch TAMILS REPRESENTATIVE COU	INCIL BANK A/C NO.
7 1 7 1 0 0 1 0 0 1 0 1 0	7 9 4 1
Applicant's NRIC No.	
7, ppileam 3 Yillie 146.	
Bank Branch Account Numb	per to be Debited
PART 3: FOR BANK'S COMPLETION	
To: The General Secretary Tamils Representative Council 546A Serangoon Road	
Singapore 218168 This Application is not accepted (Please ✓) for the following reason(s)	t.
Signature/thumbprint#differs Signature/thumbprint# incomplete/unclear Account operated by thumbprint/signature#	Wrong account Number Amerndments not countersigned by customer Others
Name of Approving Officer	Authorised Signature Date