



THE SINGAPORE POLICE CO-OPERATIVE SOCIETY LIMITED

UEN No: S26CS0004D | GST Registration No. M90369498G
 250 Sims Avenue #04-01 SPCS Building Singapore 387513
 Tel: 63348055 | Fax: 63348497 | Phone Banking: 63345670
 Website: www.policecoop.org.sg | Email: enquiry@policecoop.org.sg

APPLICATION FOR INTERBANK GIRO			
DATE	NAME OF BILLING ORGANISATION ("BO")		
	A/C NO: 9223417007		
NAME OF FINANCIAL INSTITUTION/ BANK	BILLING ORGANISATION'S CUSTOMER'S NAME		
	THE SINGAPORE POLICE CO-OPERATIVE SOCIETY LTD		
BRANCH	BILLING ORGANISATION'S CUSTOMER'S REF.NO		
	ASSOCIATE		
<p>a) I hereby instruct you to process the BO's instructions to debit my account b) You are entitled to reject the BO's debit instruction if my account does not have sufficient funds and charge me 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 address last known to you or upon receipt of my written revocation through the BO.</p>			
NAME	CONTACT NUMBER		
MY ACCOUNT NUMBER	MY SIGNATURE/ THUMBPRINT*		
Please sign as per your Bank's records. Thumbprint imprints must be verified and witnessed at any of the branch of the above said Financial institution/ Bank			
FOR BILLING ORGANISATION'S COMPLETION			
BANK	BRANCH	BILLING ORGANISATION'S ACCOUNT NO.	BILLING ORGANISATION'S CUSTOMER REF NO.
7375	001	9223417007	ASSOCIATE
BANK	BRANCH	ACCOUNT NO. TO BE DEBITED	BATCH NO.
			AM
FOR FINANCIAL INSTITUTION'S/ BANK'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"/> Other: _____	
_____	_____	_____	
Name of Approving Officer	Authorised Signature	Date	
END OF FORM			

Note to applicant: Use of correction tape/ fluid is not acceptable. Please countersign against any cancellation(s).