

APPLICATION FORM FOR INTERBANK GIRO

Part 1 : For Applicant's Completion (Fill in the spaces indicated with)

Date: <input type="checkbox"/> _____	Name of Billing Organisation "BO" : <input type="checkbox"/> LPM AL-ANSAR
To : Name of Financial Institution <input type="checkbox"/> _____	Billing Organisation's Customer's Name: <input type="checkbox"/> _____
Branch : <input type="checkbox"/> _____	Billing Organisation's Customer's Reference Number: <input type="checkbox"/> _____

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
 (b) 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 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 BO.

My/Our Name(s) (Account Holder's Name) <input type="checkbox"/> _____	My/Our Contact (Tel/Fax) Number(s)/E-mail address: <input type="checkbox"/> _____
My/Our Account Number : <input type="checkbox"/> _____	My/Our Company Stamp/Signature(s) Thumbprint(s)**: <input type="checkbox"/> _____

(As in Financial Institution's records)

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

Part 2 : For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account No.
7 3 3 9	5 8 1	8 5 3 9 7 5 0 0 1

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. to be Debited

Part 3 : For Financial Institution's Completion

To : Lembaga Pentadbir Masjid Al-Ansar
 155 Bedok North Avenue 1 Singapore 469751
 Tel: 64492420 Fax : 64454702
 Email : mail@alansar.mosque.sg

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 applicant |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Others : _____ |
- *Please delete where inapplicable

_____ Name of Approving Officer	_____ Authorised Signature and Stamp of Financial Institution	_____ Date
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