



ace insurance

ORIGINAL COPY REQUIRED

Insured's NRIC No. _____

APPLICATION FOR INTERBANK GIRO

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

Date :

✓ _____

Name of Billing Organisation ("BO")

ACE INSURANCE LIMITED

To : Name of Financial Institution (Bank's name):

✓ _____

Billing Organisation's Customer's Name :

✓ _____

Branch

✓ _____

(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 me/our written revocation through the BO.

My/Our Name(s) :

✓ _____

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

✓ _____

My/Our Account Number :

✓ _____

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

✓ _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Account No. To be Credited
7214	001	0010226082

Seller ID

Billing Organisation's Customer Reference No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

TO : Billing Organisation

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

-Signature/Thumbprint# differs from Financial Institution's records

-Wrong account number

-Signature/Thumbprint# incomplete/unclear#

-Amendments not countersigned by customer

-Account operated by signature/thumbprint#

-Others: _____

Name of Approving Officer

Authorised Signature

Date

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

Please delete where inapplicable