cordlife
one chance, **one** choice.

APPLICATION FOR GIRO

Instructions to client   1) This application form is meant for one individual contract. Please complete Part 1
                          2) Upon completion, please submit the ORIGINAL form to the above mentioned address

PART 1 : FOR APPLICANT'S COMPLETION

Client's Name	x
NRIC/Passport No.	x

Applicant's Home/Billing Address
x_____
_____
_____

My/Our Contact Number:
1. x_____ (Home)   2. x_____ (H/P)

My/Our Name(s) As In Bank Account:

1. x_____

2. x_____

Bank Name   x_____

Bank Branch x_____

My/Our Bank Account Number:

Bank Code	Branch	Client's A/c No.

a) I/We hereby instruct you to process the billing organisation's instructions to debit my/our account
b) You are entitled to reject the billing organisation's 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 to 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 Billing Organisation
d) Amendments made on the form must be countersigned by the applicant

x_____
My/Our Signature(s)/Thumbprint(s) as in bank records

x_____
My/Our Signature(s)/Thumbprint(s) as in bank records

PART 2 : FOR CORDLIFE GROUP LIMITED'S COMPLETION

Name of Billing Organisation:

CORDLIFE GROUP LIMITED_____

Client's Name				
Reference No.				

x UCB Contract Number(s):

S	G	0	0						

x Bank Code	**Branch**	**Client's A/c To Be Debited**

	Bank Code	Branch Code
DBS	7171	First 3 digits of the account number
POSB	7171	081
OCBC	7339	First 3 digits of the account number
HSBC	7232	First 3 digits of the account number
SCB	9496	Use '0' + First 2 digits of the account number

Bank Code			Branch		Billing Organisation's A/c No									
7	1	7	1	0	0	3	0	0	3	9	1	3	1	9	9	2

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To: CORDLIFE GROUP LIMITED

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

☐ Signature/ Thumbprint differs from Financial Institution's records

☐ Signature/ Thumbprint is *incomplete/ unclear

☐ Account operated by *signature/ thumbprints

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others (Please specify): _____

_____   _____   _____
Name of Approving Officer   Authorised Signatory   Date (day/month/year)

* Please delete accordingly