

## 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	<b>x</b>
NRIC/Passport No.	<b>x</b>

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):**

<b>S</b>	<b>G</b>	<b>0</b>	<b>0</b>							
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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):

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/ Thumbprint differs from Financial Institution's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/ Thumbprint is *incomplete/ unclear                      | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by *signature/ thumbprints                        | <input type="checkbox"/> Others (Please specify): _____           |

\_\_\_\_\_  
 Name of Approving Officer

\_\_\_\_\_  
 Authorised Signatory

\_\_\_\_\_  
 Date (day/month/year)

\* Please delete accordingly