



GIRO APPLICATION FORM

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

Date: _____ Name of Billing Organisation "BO" :
 _____ **ACS (International)**

To : Name of Financial Institution Billing Organisation's Student's Name:
 _____ _____

Branch : Billing Organisation's Student's Reference Number:
 _____ **R/N No:** _____

- (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) My/Our Contact (Tel/Fax) Number(s)/E-mail address:
 _____ _____

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

(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 0 1	7 5 7 2 8 0 - 0 0 1

Billing Organisation's Customer's Ref No.									
R	/	N							

Bank	Branch	Account No. to be Debited

Part 3 : For Financial Institution's Completion

To : Billing Organisation, Address, tel etc

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 applicant
- Account operated by signature/thumbprint Others : _____
- *Please delete where inapplicable

Name of Approving Officer

Authorised Signature and Stamp of Financial Institution

Date