SAL SINGAPORE ACADEMY OF LAW

APPLICATION FORM FOR INTERBANK GIRO

Please complete this form and mail the **original** form to us at
1 Coleman Street, #08-06 The Adelphi, Singapore 179803, Attn: Accounts Dept.
Email and fax copies will not be accepted by the bank.

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

Date:

✓ _____

To: Name of Bank:

✓ _____

Branch:

✓ _____

Swift Code:

✓ _____

Name of Billing Organisation ("BO"):

✓ **Singapore Academy of Law** _____

Billing Organisation's Customer's Name:
(SAL Member Name)

✓ _____

Billing Organisation's Customer's Reference Number:
(SAL Member ID e.g. A1234)

✓ _____

(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) as in Bank's record

✓ _____

My/Our Account Number:

✓ _____

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

✓ _____

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

✓ _____
     (as in bank's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank			Branch			Billing Organisation's Account Number											
7	1	7	1	0	3	3	0	3	3	0	0	3	3	1	2	-	5

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Singapore Academy of Law

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

▫ Signature/Thumbprint# differs from Bank's records
▫ Signature/Thumbprint# incomplete/unclear#
▫ Account operated by signature/thumbprint#

▫ Wrong account number
▫ Amendments not countersigned by customer
▫ Others: _____

_____   _____   _____
Name of Approving Officer   Authorised Signature   Date

* For thumbprints, please go to the branch with your identification.   # Please delete where inapplicable