



GIRO APPLICATION FORM

Please mail or courier completed form to:

Customer Admin
CrimsonLogic Pte Ltd
31 Science Park Road
Singapore 117611

* Mandatory field

PART 1: FOR APPLICANT'S COMPLETION

(1) Date (dd/mm/yyyy)

(2) Name of Billing Organisation ("BO")

(3) To: My/Our Bank ("Bank") *
(Name, Branch & Address)

(4) Billing Organisation's Customer Name
(Customer Name registered with BO - CrimsonLogic)

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is 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. The Bank may also at its 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
 - 1) the Bank's written notice sent to my/our address last known to the Bank;
 - 2) upon the Bank's receipt of my/our written revocation; or
 - 3) upon the Bank's receipt of the notice of expiry from the BO.

(5) My/Our Name (as in Bank's record) *

(6) My/Our Contact (Tel & Email) *

(7) My/Our Account Number *

(8) My/Our Company Stamp/ Signature(s)/ Thumbprint(s) * (as in Bank's record)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

(1) BO Account

SWIFT BIC

Billing Organisation's Account No

DBSSGSGXXX	012-005468-8
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Billing Organisation's Customer Ref No

(2) Customer Account

SWIFT BIC

Account No. To Be Debited

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PART 3: FOR BANK'S COMPLETION

To: BILLING ORGANISATION

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

Simpler trade. Smarter tech.



IMPORTANT NOTES

- 1) Please type in the required information in Part 1 (1-7).
- 2) Part 1 (8) **must be hand signed or ink signed** as in Bank's record.
- 3) Please **DO NOT** send photocopies of this form as the original signature / company stamp / thumbprint is required by the Bank for verification.
- 4) All amendments must be countersigned, DO NOT use correction fluid.
- 5) Please mail or courier completed form to:

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- 6) Please provide the following information for contact and registration purposes:

Unique Entity Number (UEN)		Account ID (If applicable)	
Contact Person Name		Contact Number	
Email Address			
Subscribed Service	<input type="checkbox"/> TradeNet <input type="checkbox"/> PAT <input type="checkbox"/> PSS-INLIS <input type="checkbox"/> InteReq <input type="checkbox"/> ACCESS Others:		