

# GIRO APPLICATION FORM (MUP)

## PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

Date:

\_\_\_\_\_

Name of Billing Organisation ("BO")

LPM DARUL GHUFRAN - MUP

To: Name of Bank ("Bank")

\_\_\_\_\_

Donor's Name:

\_\_\_\_\_

Donation amount to be deducted:

\$50

\$100

Others: \$ \_\_\_\_\_ (Please specify & exclude cent)

Donor's NRIC/FIN No:

\_\_\_\_\_

Duration:

12mths

24mths

Continuous (Till notice of termination given by donor)

Donor's Address:

\_\_\_\_\_

\_\_\_\_\_

- (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
- the Bank's written notice sent to my/our address last known to the Bank;
  - upon the Bank's receipt of my/our written revocation; or
  - upon the Bank's receipt of the notice of expiry from the BO.

Name(s) of Account Holder:

\_\_\_\_\_

Donor's Contact (Tel/Fax) Number(s):

\_\_\_\_\_

Bank Account Number:

\_\_\_\_\_

Account Holder's Signature(s)/Thumbprint(s)\*:

\_\_\_\_\_

(As in Financial Institution's records)

## PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC	Billing Organisation's Account No
<b>OCBCSGSGXXX</b>	<b>695028910001</b>

Billing Organisation's Customer Ref No

SWIFT BIC	Account No. To Be Debited

## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: LPM DARUL GHUFRAN - MUP  
503 Tampines Ave 5  
Singapore 529651

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

Signature/thumbprint# differs from  
Financial Institution'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