APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date

Name of Billing Organisation (BO)

A	L	E	X	A	N	D	R	A		H	E	A	L	T	H		P	T	E		L	T	D

Name of Bank

Branch

Billing Organisation's Customer's Ref No:

Payment Limit (optional):

(a) I/We hereby instruct you to process the BO's instruction to debit my/our account in the settlement of bills for Yishun Health Campus (Khoo Teck Puat Hospital, Yishun Community Hospital and Admiralty Medical Centre)
(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 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 BO.
(d) Amendments made on the form must be countersigned by applicant.

My / Our Name(s) As In Bank Account:

My / Our Bank Account No.:

My / Our Contact (Tel/Pager/Handphone) No(s)

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

By providing the above information, the applicant has agreed to the collection, use and disclosure of his/her personal data by the Billing Organisation (BO) in the processing and collection of payment for services rendered. For more information on the BO's Personal Data Protection Policy, please refer to website: https://www.ktph.com.sg/pdpa.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 0 3	0 0 3 9 2 7 3 4 2 8

Billing Organisation's Customer Ref No.

Bank	Branch	Account No. To Be Debited

Verified By Billing Organisation/ Date

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To:
Giro Processing Team
2 Changi Business Park Crescent #07-05
DBS Asia Hub SE Singapore (486029)

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**