

ANG MO KIO - THYE HUA KWAN HOSPITAL LTD

APPLICATION FORM FOR INTERBANK GIRO

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

Date: ✓ _____	Name of Billing Organisation ("BO") <u>ANG MO KIO-THYE HUA KWAN HOSPITAL LTD</u>
To: Name of Bank: ✓ _____	Donor's Name: ✓ _____
Branch: ✓ _____	Donor's NRIC/UEN Number: ✓ _____
Donor's Address: ✓ _____	

- (a) By signing this form, I consent that Ang Mo Kio – Thye Hua Kwan Hospital (AMK-THKH) may collect, disclose and use my personal data to process the GIRO application and verify my donations in accordance with AMK-THKH's data protection policy (under the Personal Data Protection Act 2012) and any other relevant legal or regulatory requirements.
- (b) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (c) 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.
- (d) 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.
- (e) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My / Our Name(s) as in Bank's record: ✓ _____	My / Our Contact (Tel/Fax) Number(s): ✓ _____
My / Our Account Number: ✓ _____	My / Our Company Stamp / Signature(s)/Thumbprint(s): ✓ _____ (as in bank's records)

I wish to make monthly donation of \$ _____ through GIRO.

(Kindly fill in the amount you wish to donate and please contact us at **6450 6105** if you need further clarifications.)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="radio"/> Signature/Thumbprint# differs from Bank's records <input type="radio"/> Signature/Thumbprint# incomplete/unclear# <input type="radio"/> Account operated by signature/thumbprint# | <ul style="list-style-type: none"> <input type="radio"/> Wrong account number <input type="radio"/> Amendments not countersigned by customer/BO <input type="radio"/> Other reason(s): _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of Approving Officer

Authorised Signature

Date

* For thumbprints, please go to the branch with your identification

Please delete where inapplicable

GIRO is a convenient, cashless mode of payment. To help you better understand the GIRO payment method, here are some answers to the most frequently raised questions on GIRO:

How do I get started?

Complete this GIRO application form, with your name/Identification No/Bank Account No and send the form with your signature duly signed to us at:

Company Name:

ANG MO KIO-THYE HUA KWAN HOSPITAL LTD

Company Address:

17, ANG MO KIO AVE 9, SINGAPORE 569766

- i) Please fill out all blanks marks✓.
- ii) Please countersign on all amendments.

Note: For account operated via thumbprint, please bring your NRIC/passport to your bank for the print to be taken and witnessed.

Will I be notified of the approval of my GIRO application?

Ang Mo Kio – Thye Hua Kwan Hospital Ltd will inform you when the GIRO is approved and the effective date.

How long do I need to wait before my GIRO arrangement is effective?

Normally it takes at least 21 working days.

When will the GIRO deduction be made?

A deduction will only be made from your bank account on the **15th** of each month. The amount deducted will be reflected in your bank statement.

What happens if there are insufficient funds in my bank account?

We will terminate your GIRO if we are unable to make GIRO deductions after 3 consecutive attempts. Please note that some banks do charge a service fee for unsuccessful GIRO deduction due to insufficient funds.

Can I stop GIRO Donation?

Yes, you can by informing your bank to stop the GIRO payment arrangement and complete the necessary termination forms.

Kindly also call us at 6450-6123 to terminate your GIRO arrangement. Please give us at least 15 working days' notice before the next deduction date to effect the termination.