

APPLICATION FORM FOR INTERBANK GIRO

Part 1: For applicant's completion

Date (dd / mm / yyyy):

Name of Billing Organisation (BO):

Aviva Ltd

To: Name of Financial Institution

Name of Policyowner:

Branch:

Policy Number:

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- a) I/We hereby instruct you to process the BO's instruction 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):

My/Our NRIC Number(s):

Mr/Mdm/Ms/Dr

Mr/Mdm/Ms/Dr

My/Our Account Number:

My/Our Contact Number(s):

Office Tel. No.:

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

Home Tel. No.:

Part 2: For billing organisation's completion

Bank Branch Billing Organisation's Account Number

Billing Organisation's Customer Reference Number:

7 1 7 1 0 0 3 0 0 3 9 0 0 1 8 8 6

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Bank

Branch

Account Number to be Debited

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Part 3: For financial institution's completion

To: Employee Benefits and Healthcare, Aviva Limited, 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807

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

* Please delete where applicable

- Signature/Thumbprint* differs from Financial Institution's records Wrong account number
 Signature/Thumbprint* is incomplete/unclear Amendments not countersigned by customer
 Account operated by Signature/Thumbprint# Others: _____

Name of Approving Officer:

Authorised Signature:

Date:
