

**SINGAPORE SIKH EDUCATION FOUNDATION**

**APPLICATION FORM FOR INTERBANK GIRO**

6th Floor, The Sikh Centre, 8 Jalan Bukit Merah, Singapore 169541, Tel: 62996440 Email: admin@ssef.edu.sg

**PART 1: APPLICANT’S PARTICULARS**

Please complete Part 1 of this form. Only original signed hardcopy giro form will be sent to the bank for verification.

Date Name of Organisation

Level Class Name of Student

To: Bank (please indicate name of bank) Student BC/NRIC/FIN No

(a) I/We hereby instruct you to process the SSEF’s instruction to debit and credit my/our account.

(b) You are entitled to reject SSEF’s debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This authorization 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 SSEF.

(d) I/We hereby authorize you to terminate this authorization without any written notice to me/us once you are informed by SSEF that the abovenamed student is no longer studying in a school under its billing administration.

**Account Holder(s) Names(s) Bank Code, Branch Code and Bank Account No.**

**Singaporean/SPR/Foreigner Account Holder ID Signature(s)/Thumbprint(s)\*/Organisation**

\*For thumbprint(s), please go to the branch for verification.

**Account Holder’s Contact Number**

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**PART 2: FOR COMPLETION BY SSEF**

 **Student NRIC/BC No.**

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| --- | --- | --- |
| **Bank** | **Branch** | **SSEF Bank Account No** |
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**PART 3: FOR COMPLETION BY BANK**

This application is accepted/rejected for the following reason(s):

( ) Signature/Thumbprint differs from Bank’s records ( ) Amendment not countersigned by applicant.

( ) Signature/Thumbprint incomplete/unclear ( ) Wrong account number

( ) Account operated by signature/thumbprint ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Approving Officer Authorised Signature Date