Application For Interbank GIRO

Date of Application:

Important Note To The Applicant

(i) Original copy of this document is required.

(ii) Applicant has to complete all fields in Section A

Section A: For Applicant's Completion

Insured's NRIC No.	**Name of Billing Organisation (BO)**
	Chubb Insurance Singapore Limited

To: Name of Financial Institution (Bank's name)	**Billing Organisation's Customer's Name:**

Branch:	**Selected Date for Giro Deduction (Please circle one):** 3rd / 15th of every month

a) I/We hereby instruct you to process BO's instructions 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 me/our written revocation through the BO.

My Name (As in Bank Account):	**My Contact Number:**

My Account Number: *As in Financial Institution's Records	**My Company Stamp/Signature(s)/Thumbprint(s)*:**

Section B: For Billing Organisation's Completion

SWIFT BIC	**Account No. to be <u>Credited</u>**	**Billing Organisation's Customer Reference No.**
DBSSSGSGXXX	0039520972	
SWIFT BIC	**Account No. to be <u>Debited</u>**	

Seller ID	**No. of Policies**	

Section C: For Financial Institution's Completion

To: Billing Organisation
This application is hereby rejected (Please tick) for the following reason(s):

☐ Signature/Thumbprint# differs from Financial Institution's records

☐ Wrong account number

☐ Signature/Thumbprint# incomplete/unclear#

☐ Amendments not countersigned by customer

☐ Account operated by signature/thumbprint#

☐ Others: _____

#Please delete where inapplicable

_____
Name of Approving Officer

_____
Authorised Signature/ Date

Chubb. Insured.™