

GIRO APPLICATION FORM

FOR COMPLETION BY APPLICANT AND THIS INFORMATION IS ONLY FOR INSURANCE COMPANY'S USE

Date:	Name of Insurance Company: NTUC INCOME INSURANCE COOPERATIVE LIMITED
To: Name of Bank	Policyholder's Name:
Policy Number/Reference: Group Business - Affinity Schemes	NRIC/Passport No:

- a) I/We instruct you to process the above Insurance Company's instruction to debit my /our account.
 b) You are entitled to reject the Insurance Company'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 send to my /our last address known to you or upon receipt of my /our written revocation through the Insurance Company.

Bank Accountholder's Name : _____	Telephone No : _____ Office : _____																				
Bank Accountholder's NRIC : _____	Handphone : _____ Home : _____																				
Bank Account Number	Signature/Thumbprint*/Company Stamp:																				
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Note: a) Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
 b) If your premium should alter due to changes in policy contractual terms, the amount deducted will be changed accordingly.

FOR NTUC INCOME INSURANCE COOPERATIVE LIMITED'S COMPLETION

Bank	Branch	NTUC Income Insurance Co-operative Limited Bank Account No.	NTUC Income Insurance Co-operative Limited Customer's Billing Reference																				
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Bank	Branch	Account No. To be Debited																					
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FOR FINANCIAL INSTITUTION'S COMPLETION

To: NTUC INCOME INSURANCE COOPERATIVE LIMITED
 75 Bras Basah Road, Income Centre, Singapore 189557

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

Signature/Thumbprint# differs from financial institution's record

Signature/Thumbprint# incomplete/unclear#

Account operated by signature/thumbprint#

Wrong account number

Amendments not countersigned by customer

Others: _____

Name of Bank Officer	Signature of Bank Officer	Date
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Please delete where inapplicable