



TCC Credit Co-operative Limited

The Credit Co-operative with a heart

Application Form For INTERBANK GIRO

Part 1: FOR APPLICANT'S COMPLETION

Date	Name of Billing Organisation or ("BO") TCC Credit Co-operative Limited																				
To (Name of Financial Institution/Bank)	Billing Organisation's Members' Name																				
Branch	NRIC No.																				
	Billing Organisation's Member's Reference No. <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Member No.																					
<p>(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.</p> <p>(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.</p> <p>(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.</p>																					
My/Our Name(s) (Accountholder)	My/Our Tel/Fax No.																				
My/Our Account No. <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					My/Our Company Stamp/Signature(s)/Thumbprint(s)* (Accountholder) (As in Financial Institution's records)

Part 2: FOR BILLING ORGANISATION'S COMPLETION

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Part 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: TCC Credit Co-operative Limited
 95 Killiney Road S'pore 239537 Tel. 6319 3700

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

Signature/Thumbprint# differs from financial institution's records

Signature/Thumbprint# incomplete/unclear#

Account operated by signature/thumbprint#

Wrong account number

Amendments not countersigned by customer

Others :

Name of Approving Officer
Authorised Signature
Date

For thumbprints, please go to the branch with your identification
 * Please delete where inapplicable