APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ✔)

Date:	Name of Billing Organisation ("BO") **Chartis Singapore Insurance Pte. Ltd.**

To: Name of Financial Instituition	Applicant's Name:	NRIC/Passport of Insured/Applicant:
✔	✔	✔

Branch: ✔	Policy Type:

a) I/We hereby instruct you to process Chartis Singapore Insurance Pte. Ltd.'s instruction to debit my/our account.
b) You are entitled to reject Chartis' 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 the charges accordingly.
c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you upon receipt of my/our written revocation through Chartis.

My/Our Name(s): ✔	My/Our Contact (Tel/Fax) Number(s): ✔
My/Our Account Number: ✔	My/Our Signature(s)/Thumbprint*(s): ✔ (As in Financial Institution's Record)

PART 2: FOR CHARTIS SINGAPORE INSURANCE PTE. LTD.'S COMPLETION

Bank				Branch			Account to be credited								
7	2	1	4	0	0	1	0	0	1	0	2	6	1	0	8	2

Policy/Reference No.										
2	2									

Bank				Branch			Account to be debited								

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Chartis Singapore Insurance Pte. Ltd.
CHARTIS Building
78 Shenton Way, #07-16, Singapore 079120
c/o Citibank, N.A. A/C Svcs. Dept.

The Application is hereby **REJECTED** (please tick where applicable):

- ☐ 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

Chartis Singapore Insurance Pte. Ltd.
Co. Reg. No. 201009404M

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