

## APPLICATION FORM FOR INTER-BANK GIRO

		- KERNEL ALUB
PART I - Complete part 1 of this form ar	id return it t	to KEPPEL CLUB
Date:	Name of	f Billing Organisation ("BO"):
	THE KE	PPEL CLUB
To: Name of Financial Institution		Member's Name:
To. Name of Financial Institution		Wember's Name.
Branch:		Membership No:
<ul> <li>(a) I/we hereby instruct you to process THE KEPPEL CLUB instructions to debit my/our account.</li> <li>(b) You are entitled to reject THE KEPPEL CLUB debit instruction if my/our accounts 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.</li> <li>(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 KEPPEL CLUB.</li> </ul>		
My/Our Bank/Finance Company Account Nam	e:	My/Our Contact (Tel/Fax) Number(s):
My/Our Bank/Finance Company Account Num	ber:	My/Our Signature(s)/Thumbprint(s)*:
		, , , , , , ,
		(As in Financial Institution's record(s))
DART II FOR BILLING ORGANISATION	'S COMPLE	• • • • • • • • • • • • • • • • • • • •
PART II - FOR BILLING ORGANISATION	3 COMPLE	HON
Bank Branch The Keppel C	lub Bank A/C	No: Customer M'ship No. (Ref No.)
7 1 7 1 0 1 2 0 1 2	0 0 3	0 2 2 3
Bank Branch Account No. 1	o Po Dobitod	
Bank Branch Account No. 1	O De Debited	<u>'                                    </u>
DART III FOR FINANCIAL INSTITUTION	IC COMPLE	TION
PART III- FOR FINANCIAL INSTITUTION	S COMPLE	TION
To: THE KEPPEL CLUB		
239 SIME ROAD		
SINGAPORE 289685		
ATTN: FINANCE DEPT		
This Application is housely DE IECTED (Disease)	tials) famille a fa	
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:		
		A # 10: 10: 1
Name of Approving Officer		Authorised Signature Date

<sup>\*</sup>For thumbprints, please go to the branch with your identification.