

UEN/GST.Reg. No: 200813706C

GIRO APPLICATION FORM

PART 1: FOR APPLICANT'S COMPLETION (Please fill in the all fields. Incomplete forms may not be processed)

Name of Billing Organisation ("BO")

EVERSAFE ACADEMY PTE. LTD.

To: My/Our Bank ("Bank")

Date:

Billing Organisation's Customer's Reference No:

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is 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. The Bank may also at its 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
 - (i) the Bank's written notice sent to my/our address last known to the Bank;
 - (ii) upon the Bank's receipt of my/our written revocation; or
 - (iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name (s):

My/Our Contact (Tel/Fax) Number(s):

My/Our Account Number:

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC Billing Organisation's Account No
OCBCSGSG 581-850252-001

Billing Organisation's Customer Ref No

SWIFT BIC Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

This Application is hereby REJECTED (Please tick \vee) for the following reason (s):

		mbprint [#] differs from itution's records		Wrong Accour	nt Number	
	Signature/thu	inclear [#]	Amendments not countersigned by customer			
	Account oper	ated by signature/thur	nbprint [#]	Others		
Name of Approving Officer			Authorised Signature		Date	
SOCOTEC CERTIFICATION INTERNATIONAL	ISO 29990	ACCREDITED CERTIFICATION BODY Cert No: LSP2015-01	bizsar	R OHSAS 18001:2	JAS-ANZ M51301131K	No: 8, Veerasamy Singapore-20731 Email : eversafe.c Phone : 6297 84 www.eversafe.com

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