

INTERBANK GIRO APPLICATION FORM

IMPORTANT NOTICE: When Etiqa received your fully completed application form, please allow us 6 to 8 weeks to process the application. You will be notified on the status of application. Until your GIRO application is approved, kindly remit payments directly to Etiqa.

A. For Applicant(s)' Completion only

Date	Name of Billing Organisation Etiqa Insurance Pte Ltd										
To: Name of Bank	Policy Owner's Name										
Branch	Policy Owner's NRIC / Passport No.										
Policy Number	Plan Name										
1. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
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<p>(a) I / We hereby instruct you to process Etiqa Insurance Pte Ltd's (Etiqa) instructions to debit my / our account below as instructed and / or to debit such sum(s) as Etiqa may notify you from time to time.</p> <p>(b) You are entitled to reject Etiqa's debit instructions 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 authorization will remain in force until revoked by me / us by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice to me / us delivered to my / our last known recorded address.</p> <p>(d) By providing the information in this application form and submitting this application, I further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.</p>											
My / Our Name(s)	My / Our Contact (Tel / Fax) Number(s)										
My / Our Bank Account Number	My / Our Signature(s) / Thumbprint(s) <div style="text-align: right;">(As in Bank's records)</div>										

B. For Etiqa Insurance Pte Ltd's Completion

Bank	Branch	Etiqa Insurance's Account Number																		
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">2</td></tr></table>	7	3	0	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td></tr></table>	0	0	1	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">4</td></tr></table>	0	4	0	1	1	5	1	9	9	1	4
7	3	0	2																	
0	0	1																		
0	4	0	1	1	5	1	9	9	1	4										
Etiqa's Reference :																				

C. For Bank's Completion

Bank	Branch	Account Number To Be Debited																			
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To: One Raffles Quay #22-01 North Tower Singapore 048583																					
The direct Debit Authorisation in respect of the above – mentioned account is																					
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected due to: <input type="checkbox"/> Signature(s) / Thumbprint(s) differs from the Bank's records <input type="checkbox"/> Wrong Account number <input type="checkbox"/> Others: _____																					
Name of Approving Officer	Authorised Signature	Date																			