

INTERBANK GIRO APPLICATION FORM (GENERAL INSURANCE)

Policy No.		Plan Name/ No. of Years	
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PART I : Applicant's Information

Date		Name of Billing Organisation	Etiqa Insurance Pte. Ltd.
To: Name of Bank		Insured's Name	
Branch		NRIC No./Business Registration No.	

- (a) I/ We hereby instruct you to process Etiqa Insurance Pte. Ltd. instruction to debit my/our account below as instructed and/or to debit such sum(s) as Etiqa Insurance Pte. Ltd. may notify you from time to time.
- (b) You are entitled to reject Etiqa Insurance'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 administrative charges.
- (c) This authorisation 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.

My/Our Name(s)		My/Our Contact (Tel/Fax) Number(s)	
My/Our Bank Account Number		My/Our Signature(s) Thumbprint(s) (As in Bank's Records)	

PART II : For Official Use by Etiqa Insurance Pte.Ltd.

Bank	Branch	Etiqa Insurance's Account No	Etiqa Reference
7 3 0 2	0 0 1	0 4 0 1 - 1 0 0 5 8 1 4	

PART III : For Bank's Use

Bank	Branch	Etiqa Insurance's Account No
7 3 0 2	0 0 1	0 4 0 1 - 1 0 0 5 8 1 4

To Etiqa Insurance Pte. Ltd.
 One Raffles Quay #22-01
 North Tower
 Singapore 048583

The Direct Debit Authorisation in respect of the above-mentioned account is:

- Accepted
- Rejected
- Signature(s)/Thumbprint(s) differs from the Bank's records
- Wrong Account Number
- Others: _____

 Name of Approving Officer

 Authorized Signature

 Date

IMPORTANT NOTICE: GIRO is applicable to subsequent payments and thereafter only.