

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	a Insurance Pte Ltd	
To: Na	ame of B	ank									Polic	cy Owner's Name	
10.110		ank									I Olic	y Owner's Name	
 debit such sum(s) as Étiqa may notify you from time to time. (b) You are entitled to reject Etiqa's debit instructions if my / our accour may also at your discretion allow the debit even if this results in an (c) This authorization will remain in force until revoked by me / us by terminate this arrangement by written notice to me / us delivered to (d) By providing the information in this application form and submitting and disclosure of my personal data by Etiqa and its related corport. 													
Branch											Polic	cy Owner's NRIC / Passport No.	
Policy Number											Plan	n Name	
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3.													
	(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. (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.													
(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.													
(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.													
My / Our Name(s)										My / Our Contact (Tel / Fax) Number(s)			
My / C	our Bank	Accour	nt Numbe	er							My / Our Signature(s) / Thumbprint(s)		
												(As in Bank's records)	
B. Fo	· Etiqa lı	nsuranc	e Pte L	td's Co	npletio	า							
Bank		Bran	nch	Etiga In	surance	's Accou	int Nui	mbe	er				
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Etiqa's	Referer	nce :											
C. For	Bank's	Comple	etion										
Bank		Bra	nch	Acco	unt Num	ber To I	Be Del	bite	d			_	
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To: Or	ne Raffle	s Quav	#22-01	North To	wer Sin	dapore (04858	3					
	rect Deb	-							ed ac	cou	unt is	i	
Ac	cepted				Rejected								
								nt(s)	differ	s fro	om the	e Bank's records	
					Wrong A		umber						
					Others:	1							
Name of Approving Officer Authorised Signature										Э		Date	
						1							