



SAFRA NATIONAL SERVICE ASSOCIATION

APPLICATION FORM FOR INTERBANK GIRO

INSTRUCTIONS:

- 1 Complete Part 1 of this form and return it to SAFRA National Service Association, 2 Telok Blangah Way, Singapore 098803.
- 2 Deductions for the SAFRA membership fee will be carried out on the 5th of Feb and Mar, while deduction for Interest clubs' (except EnergyOne gym) membership fees will be deducted on the 5th of Apr and May each year. Deduction for EnergyOne gym membership fees will be deducted once every 3 months on the 5th. Deduction for annual / monthly SAFRA-NTUC insurance premium(s) will be carried out on the 5th of the month. All SAFRA-NTUC insurance premium shall be collected one month before due date.
- 3 Please note that your GIRO mode of payment will be deactivated after 2 unsuccessful deductions.
- 4 For assistance, please call Membership Enquiries at 1800-3779 800.

PART I: FOR APPLICANT'S COMPLETION

To:	The Manager
(Name of Bank) :	
(Branch of Bank) :	

SAFRA Member's Name

My/Our Bank Account Holder Name (s)

SAFRA Member's NRIC No.

My/Our Bank Account No.

SAFRA Member's Contact No.
(O) (H) (Pgr)

This authorisation is for payment of (Please tick ✓ where appropriate):
Annual Membership Fees is compulsory.

- Annual Membership fees, all SAFRA-NTUC Insurance premium, all Interest Club Membership fees
- Annual Membership fees and all SAFRA-NTUC Insurance premium only
- Annual Membership fees and all Interest Club Membership Club fees only
- Annual Membership fees only

- I/We hereby instruct you to process the SAFRA National Services Association's instructions to debit my/our account.
- You are entitled to reject the SAFRA National Services Association'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 impose charges accordingly.
- 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 SAFRA National Service Association.

Date

My/Our Signature(s)/Thumbprint(s) # as in Bank records

For Thumbprints, please go to the branch with your identification.

PART II (FOR OFFICIAL USE)

Bank	Branch	SAFRA's Bank A/C No.
7 1 7 1	0 0 6	0 0 6 0 0 8 0 4 2 1

SAFRA's Ref. No. (Member's NRIC No.)

Bank	Branch	A/C No. To Be Debited

PART III (FOR OFFICIAL USE)

To: SAFRA National Service Association

This Application is hereby **REJECTED** (Please tick ✓) for the following reasons(s):

- Signature/Thumbprint *differs from bank's records
- Signature/Thumbprint *incomplete/unclear*
- Account operated by signature/thumbprint*
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Authorised Signature

Date

* Please delete where inapplicable

Verified by SAFRA	
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