


# APPLICATION FORM FOR INTERBANK GIRO

## PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ✓)

Date: ✓ <input style="width: 95%; height: 20px;" type="text"/>	Name of Billing Organisation ("BO") MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
To: Name of Financial Institution: ✓ <input style="width: 95%; height: 20px;" type="text"/>	Name of Customer ✓ <input style="width: 95%; height: 20px;" type="text"/>
Branch: ✓ <input style="width: 95%; height: 20px;" type="text"/>	Agreement Number ✓ <input style="width: 95%; height: 20px;" type="text"/>

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.  
 (b) You are 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. 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 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 BO.

Account Holder's Name ✓ <input style="width: 95%; height: 20px;" type="text"/>	My/Our Contact (Tel/Fax) Number(s): ✓ <input style="width: 95%; height: 20px;" type="text"/>
My/Our Account Number: ✓ <input style="width: 95%; height: 20px;" type="text"/>	My/Our Company Stamp/Signature(s)/Thumbprint ✓ <input style="width: 95%; height: 20px;" type="text"/> <div style="text-align: right; color: red; font-size: 2em;">  </div> (As in financial Institution's records)

## PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.	Agreement Number
7   4   6   3	0   0   1	2   5   4   1   9   4   4   0   0   0	
Bank	Branch	(Account No. To Be Debited)	

## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Mitsubishi HC Capital Asia Pacific Pte. Ltd.  
 111 Somerset Road #14-05 Singapore 238164

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

- |   |  |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records<br><input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#<br><input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Wrong account number<br><input type="checkbox"/> Amendments not countersigned by customer<br><input type="checkbox"/> Others: _____ |
|---|--|

Name of Approving Officer	Authorised Signature	Date
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\* For thumbprints, please go to the branch with your identification.

#Please delete where inapplicable