

APPLICATION FORM FOR INTERBANK GIRO

Please tick New Application Change of Bank Account

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

✓ Date

✓ Name of Owner

✓ To: My/Our Bank

✓ Branch

Name of Billing Organization:
MANULIFE (SINGAPORE) PTE LTD

Billing Organization Reference Number(s):-

✓ Policy Number 1

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✓ Policy Number 2

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✓ Policy Number 3

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✓ Policy Number 4

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- a) I/We hereby instruct you to process Manulife (Singapore) Pte Ltd's instructions to debit my/our account.
- b) You are entitled to reject Manulife (Singapore) Pte Ltd'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 authorization 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 Manulife (Singapore) Pte Ltd.

✓ Name of Account Holder (s)

✓ Account Holder(s) Contact Number(s) : Mobile/Office/Fax

✓ Account Holder (s) Bank Account Number

✓ Account Holder(s) Signature(s)/ Thumbprint(s) *(As in Bank's Records)

**For Thumbprint, please go to the branch with your identification.
Your thumbprint needs to be witnessed and verified by the bank's staff*

PART 2: FOR MANULIFE (SINGAPORE) PTE LTD'S COMPLETION

| Bank | Branch | Manulife (S) Pte Ltd's Bank A/c No. |
|---------|--------|-------------------------------------|
| 7 1 7 1 | 0 0 3 | 0 0 3 9 0 0 9 5 4 2 |

Verified By:

| Bank | Branch | Account To Be Debited |
|------|--------|-----------------------|
| | | |

Manulife Staff's Name/Signature/Date

PART 3: FOR BANK'S COMPLETION

To: Manulife (Singapore) Pte Ltd

The Application is hereby **REJECTED** (Please tick) for the following reason(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