Policy No.: .....

APPLICATION FORM FOR INTERBANK GIRO

PART 1 : For Applicant's Completion

Date:

Name of Billing Organisation:
Etiqa Insurance Berhad

To: Name of Bank

Insured's Name:

Branch:

NRIC No./Business Registration No.:

(a) I/We hereby instruct you to process Etiqa Insurance Berhad's instructions to debit my/our account below as instructed and/or to debit such sum(s) as Etiqa Insurance Berhad may notify you from time to time.
(b) You are entitled to reject Etiqa Insurance'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.

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 2 : For Official Use by Etiqa Insurance Berhad

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

PART 3 : For Bank's Completion

Bank				Branch			Account No. To Be Debited											

To Etiqa Insurance Berhad
1 North Bridge Road #08-01
High Street Centre
Singapore 179094

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

☐ **Accepted**
Rejected (please tick one of the following reasons)
☐ Signature(s)/Thumbprint(s) differs from the Bank's records
☐ Wrong Account Number
☐ Others: _____

Name of Approving Officer | Authorised Signature | Date

IMPORTANT NOTICE: GIRO is applicable to 2nd payment and thereafter only. 1st payment by cheque