

# 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 SAFRA annual membership fee will be carried out between 6<sup>th</sup> to 10<sup>th</sup> (principal members) and 20<sup>th</sup> to 25<sup>th</sup> (dependant members) of the month, two (2) months prior to the month of the SAFRA membership expiry. A second deduction will be made one (1) month later if the earlier deduction is unsuccessful. While deduction for Interest clubs' (except EnergyOne gym) membership fees will be deducted on the 5<sup>th</sup> of Apr and May each year. The deduction will take place on the next business day if it falls on a non-business day or public holiday. Please ensure there is sufficient fund in your nominated bank account.
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 APPLICATION'S COMPLETION

To: The Manager

Name of Bank:

Bank Branch:

My/Our Bank Account No.

SAFRA Member's NRIC No.

My/Our Bank Account Holder's Name(s)

SAFRA Member's Name (Per NRIC)

SAFRA Member's Contact No.

(HP)

(H)

(O)

This authorisation is for payment of (Please tick ✓ where appropriate):

Annual Membership Fees is compulsory.

Annual Membership fees and Interest Club fees(except EnergyOne gym) only

Annual Membership fees only

- (a) I/We hereby instruct you to process the SAFRA National Services Association's instructions to debit my/our account.
- (b) 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.
- (c) This authorisation will remain in force until terminated by your written notice send 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 reason(s):

Signature/Thumbprint\* differs from bank's records

Wrong account number

Signature/Thumbprint\* incomplete/unclear\*

Amendments not countersigned by customer

Account operated by signature/thumbprint\*

Other: \_\_\_\_\_

Name of Approving Officer

Authorised Signature

Date

\*Please delete where inapplicable

Verified by SAFRA	
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