

# GIRO APPLICATION FORM

Account holder shall complete Part 1 of this form and return the original to Morning Star Community Services Ltd. Any alterations shall be initiated by the same authorised signatories signing the form. DO NOT use correction fluid when making alterations.

## PART 1: FOR APPLICANT'S COMPLETION

\_\_\_\_\_  
 Date

**Morning Star Community Services Ltd**  
 \_\_\_\_\_  
 Name of Billing Organisation ("BO")

\_\_\_\_\_  
 To: My/Our Bank ("Bank")

Birth Certificate no. \_\_\_\_\_

\_\_\_\_\_  
 Name of Student

Student Care Centre : BN/ HG/ PV/ SG/ SJIJ/ SK

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is 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. The Bank may also at its 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
  - (i) the Bank's written notice sent to my/our address last known to the Bank; or
  - (ii) upon the Bank's receipt of my/our written revocation.

\_\_\_\_\_  
 My/Our Name(s)

\_\_\_\_\_  
 My/Our Contact (Tel No. & Email address)

\_\_\_\_\_  
 My/Our Account Number

\_\_\_\_\_  
 My/Our Signature(s) / Thumbprint(s)\*  
*(As in Financial Institution's records)*  
*(For thumbprints, please go to the branch with your identification.)*

## PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC	MSCS LTD Bank A/c No.
<b>DBSSSGSGXXX</b>	<b>048-906082-4</b>

MSCS LTD Reference No.									

SWIFT BIC	A/c No. to be debited

## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: BILLING ORGANISATION

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

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

\_\_\_\_\_  
 Name of Approving Officer

\_\_\_\_\_  
 Authorised Signature

\_\_\_\_\_  
 Date