


APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the space indicated with J)

Date: ✓ _____	Name of Billing Organisation ORIX Leasing Singapore Limited (ORIX)
To: Name of Financial Institution: ✓ _____	ORIX's Customer's Name:
Branch ✓ _____	ORIX's Customer Reference Number:
(a) I/We hereby instruct you to process ORIX's instruction to debit my/our account. (b) You are entitled to reject ORIX'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 result 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 ORIX.	
My/Our Name(s): ✓ _____	My/Our Contact (Tel/Fax) Number(s): ✓ _____
My/Our Account Number: ✓ _____	My/Our Company Stamp/Signature(s)/Thumbprint(s)*: <div style="text-align: right; margin-right: 20px;">  </div> ✓ _____ (As in Financial Institution's record)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	ORIX's Account No
7171	022	0220004174

ORIX's Customer Ref No.

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To : **ORIX Leasing Singapore Limited**

This application is hereby REJECTED (please tick) for the following reason(s):

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