

APPLICATION FORM FOR INTERBANK GIRO

Part 1: For applicant's completion

Date (dd / mm / yyyy):

Name of Billing Organisation ("BO"):

Aviva Ltd

To: Name of Financial Institution

Name of Policyowner:

Branch:

Life Insurance Policy Number:

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- a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
 b) You are 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. 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 sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our NRIC Number(s):

Mr/Mdm/Ms/Dr

Mr/Mdm/Ms/Dr

My/Our Account Number:

My/Our Contact Number(s):

Office Tel. No.: _____

My/Our Signature(s)/Thumbprint(s)*:

Home Tel. No.:

Part 2: For billing organisation's completion

Bank Branch Billing Organisation's Account Number
7 1 7 1 0 2 7 0 2 7 0 0 7 5 9 7

Billing Organisation's Customer Reference Number:
 Life Insurance Policy Number:

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Bank Branch Account Number to be Debited

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Part 3: For financial institution's completion

To: Aviva Limited, 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807

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

please delete where applicable

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

Name of Approving Officer:

Authorised Signature:

Date:
