

APPLICATION FROM FOR INTERBANK GIRO

Please complete PART I of this form and return to the Billing Organisation.

PART I For Donor's Completion

To : The Manager (Name & Address of Bank)

MY / OUR BANK A/C NAME

MY / OUR BANK A/C NO.

LIMIT OF EACH PAYMENT (exclude cents)*

* Please indicate the maximum amount of each payment if you wish to set a limit for each payment
 NOTE : THE SHADED AREA IS FOR OFFICIAL USE.

NAME OF BILLING ORGANIZATION
 KKH HEALTH ENDOWMENT FUND

DONOR'S NAME

DONOR'S IC / PASSPORT / RCB NO.

(a) I/We hereby authorise you to confirm acceptance/rejection of my DDA to the Billing Organisation KKH Health Endowment Fund and further authorise the Billing Organisation to initiate and you to process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of the Billing Organisation is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us.

(b) The authorisation shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to me/our address last known to you.

(c) I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from you or your employees' wilful default or negligence.

My/Our Signature(s) [According to Bank's specimen signature(s)]

Date

PART II For KKH HEF's Official use only

BANK	BRANCH	BILLING ORGINISATION'S BANK A/C NO.
7 4 6 3	0 0 1	2 5 0 0 2 8 8 - 0 0 0

BILLING ORGAN'S CUST'S REF NO.

BANK	BRANCH	A/C NO. TO BE DEBITED

LIMIT OF EACH PAYMENT (exclude cents)

PART III For Bank's Official use only

To : The Manager (Name & Address of Billing Organisation)

Attn :

BANK	BRANCH	BILLING ORGINISATION'S BANK A/C NO.

BILLING ORGAN'S CUST'S REF NO.

BANK	BRANCH	A/C NO. TO BE DEBITED

LIMIT OF EACH PAYMENT (excludes cents)

The Direct Debit Authorisation in respect of the account mentioned herein is hereby +ACCEPTED / REJECTED.

If rejected, reason :

Authorised Signature

Name of Approving Officer :

Name of Bank :

Verified By Billing Organisation
 + delete inapplicable