

APPLICATION FORM FOR INTERBANK GIRO

PART 1: TO BE COMPLETED BY APPLICANT		
Date :	Name of Billing Organisation (BO) :	
To: (Name of Bank)	ZONE Telecom Pte Ltd	
(Name of Barry)	ZONE Telecom Customer's Name :	
Branch :	-	
Branch .		
	ZONE1511 Member Number :	
may also at your discretion allow the debit even if	ructions to debit my/our account. on if my/our account does not have sufficient funds and charge this results in an overdraft on the account and impose charge nated by your written notice sent to my/our address last know	s accordingly.
	Tel No. Fax No. :	
	My/Our Company Stamp/Signature(s)/Thumbprint(s)*:	
	my, our company champ, org. macro(c), mamp, m(c)	
/ly/Our Bank Account Number :		
ny/our barner to south runnber :		
	(As in bank's Record) * For thumbprint, please go to the brar	nch with vour identification.
PART 2 : TO BE COMPLETED BY ZONE Telecom Pte Ltr	· · · · · ·	,
Bank Branch ZONE Telecom's Accoun		Customer's GIRO Code
	5 6 2	
Bank Branch Account Number to be	Debited	
Sam Stand Testing Test		
ART 3 : TO BE COMPLETED BY BANK		
o: ZONE Telecom Pte Ltd		
This Application is hereby REJECTED (please tick) for the f	iollowing reason(s)	
☐ Signature/Thumbprint# differs from Bank's Records	□ Wrong Account Number	
Signature/Thumbprint# uners nom banks records Signature/Thumbprint# incomplete/unclear#	☐ Amendments not countersigned by customer	
Account operated by signature/thumbprint#	Others (please specify):	
- Account operated by Signature/thumbpinit	Carolo (piedoe specify) .	
Name of Approving Officer	Authorised Signature	Date