APPLICATION FOR INTERBANK GIRO (SUBSCRIPTION)

SINGAPORE SOKA ASSOCIATION
10 Tampines St 81 Singapore 529014 Tel: 6787 3255

Please complete **PART 1 & 4** of this form and submit to SSA.

Part 1 : For Applicant's Completion (Fill in the spaces indicated with √)

Date: √ _____ Name of Billing Organisation "BO" : SINGAPORE SOKA ASSOCIATION (SSA)

To: The Manager

Name of Bank: √ _____ Name of Subscriber: √ _____

Branch: √ _____ Subscriber's Reference Number ***(For Official Use)*** : _____

(a) I/We hereby instruct you to process the BO's instructions 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) (Account Holder's Name) My/Our Contact Number(s)/E-mail Address(es):

√ _____ √ _____

My/Our Account Number: My/Our Company Stamp/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

Bank				Branch			SSA's Bank Account No.									
7	**3**	**7**	**5**	**0**	**3**	**8**	**9**	**8**	**8**	**3**	**4**	**1**	**6**	**1**	**0**	**0**

Subscriber's Reference No.											

Bank				Branch			Account No. to be Debited									

Part 3 : For Financial Institution's Completion

To: **SINGAPORE SOKAASSOCIATION**, 10 Tampines St 81, Singapore 529014

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

☐ Signature/Thumbprint* differs from Financial Institution's records
☐ Signature/Thumbprint* incomplete/unclear*
☐ Account operated by signature/thumbprint
*Please delete where inapplicable

☐ Wrong account number
☐ Amendments not countersigned by applicant
☐ Others: _____

Name of Approving Officer | Authorised Signature and Stamp of Financial Institution | Date

Part 4 : For Subscriber's Completion (Complete in BLOCK letter and do not leave blanks)

PUBLICATIONS SUBSCRIPTION (Please √ if ☐ NEW ☐ REVISED)

NRIC / Passport No. :	Name:	
Mailing Address:		Tel: (HP) (H)
	Postal Code:	Position:
Chapter:	District:	Division:
Creative Life (Monthly issue)	From _____ (Month) 20 _____ (Year) onwards	Copy per month _____
SSA Times (2 issues per month)	From _____ (Month) 20 _____ (Year) onwards	Set per month _____

The personal data that you provide to Singapore Soka Association in this transaction is for the Association to provide you services with correctness and completeness. The data will be used and disclosed by the Association strictly for the said purpose.

NOTE: 1. Subscription fees stated above are inclusive of GST.
2. GIRO deduction will be on Quarterly basis.
3. A Notification Letter will be sent to the applicant on the status of application.

Acct/Aug/14