



Yayasan MENDAKI
 Wisma MENDAKI, 51 Kee Sun Avenue,
 Off Tay Lian Teck Road
 Singapore 457056
 Tel: 6551 2830 Fax: 6243 2142
 Email: mts@mendaki.org.sg
 http://www.mendaki.org.sg
 Registration No. 198902633C

MENDAKI TUITION PROGRAMMES – APPLICATION FORM FOR INTERBANK GIRO

Part 1: For Applicant's Completion

Date : _____ To: <u>DBS/POSB/OCBC/UOB/Maybank</u> (Please delete as necessary) Branch : _____	Name of billing Organisation : <u>YAYASAN MENDAKI</u> Student's Name: _____ Student's BC/ NRIC No: _____ Tuition Programme : MTS/CTP
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- (a) I / We hereby instruct you to process Yayasan MENDAKI's instructions to debit my / our account.
 (b) You are entitled to reject Yayasan MENDAKI'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 Yayasan MENDAKI

Name(s) as in Bank's Record : _____ <small>(Account Holder)</small> NRIC No : _____ Bank Account Number : _____ _____ * My/ Our Signature(s)/ Thumbprint(s) _____ (As in Bank's record) * For thumbprint, please go to the branch with your identification	Address _____ _____ _____ Postal Code : _____ Contact Number (s): Tel : (H) _____ (O/ HP) _____ Email : _____
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Part 2: For Yayasan MENDAKI's Official Use Only

Bank	Branch	YM's Account No.										Student's Reference No.								
7	1	7	1	0	2	7	0	2	7	0	0	4	2	7	0	8				

Bank	Branch	Account No. To Be Debited																

Part 3: For Bank's Official Use Only

To: **Yayasan MENDAKI**
Wisma MENDAKI
51 Kee Sun Avenue
Off Tay Lian Teck Road
Singapore 457056

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/ Thumbprint # differs from Bank's record | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/ Thumbprint # 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

Please delete where inapplicable

***Original copy of the GIRO application form must be submitted at our office by 10 January 2021.
 Late submission will not be entertained.**