



# Maybank

**APPLICATION FORM FOR INTERBANK GIRO**  
(INWARDS FUNDS TRANSFER FOR AD-HOC PAYMENT)

Please sign or thumbprint on the form and send the original form to "**Maybank, CAPS Kovan, 996B Upper Serangoon Road, Singapore 534736**". Faxed application will not be accepted.

**PART 1: FOR APPLICANT'S COMPLETION**

**Name of Billing Organisation ("BO"): Maybank Singapore**

**Date: 02/05/2025**

**(A) Details of Maybank Account Holder**

Name of Maybank Account Holder:

NRIC/Passport No.:

Email Address:

Declaration:

- (a) I/We hereby instruct you to process Maybank's instructions to debit my/our account above as instructed and/or debit such sum(s) as Maybank may notify you from time to time.
- (b) You are entitled to reject Maybank's debit instructions 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 revoked by me/us by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our last known recorded address.

**(B) Details of Financial Institution**

Name of Financial Institution (FI):

Branch:

My/Our Name(s) as in FI's records:

My/Our Account No(s). as in FI's records:

Contact No.:

Instructions:

1. Your signature must match that of your financial institution.
2. Please continue to pay your bills/instalments by cheque or via other payment modes until you receive a confirmation from us.
3. Please allow 30 days for your GIRO application to be approved.
4. To change any GIRO instructions, please write in to the Bank at least 5 business days before the date of deduction.

☒ My/Our signature(s)/thumbprints as in Financial Institution's records. For thumbprints, please go to your Financial Institution's Branch with your identification.

**PART 2: For Official Use By Maybank (Originating Bank)**

| Bank | Branch | Maybank Account |
|------|--------|-----------------|
| 7302 | 001    | 04011022973     |

| MBB's Reference |
|-----------------|
| PAYMENT         |

| Bank | Branch | A/C No. to be Debited |
|------|--------|-----------------------|
|      |        |                       |

**PART 3: For Official Use By Receiving Bank**

To: Maybank  
CAPS Kovan  
996B Upper Serangoon Road  
Singapore 534736

| Bank                               | Branch | Maybank A/C No. |
|------------------------------------|--------|-----------------|
|                                    |        |                 |
| <b>Maybank Customer Reference:</b> |        |                 |
|                                    |        |                 |

- ☐ This Application is APPROVED
- ☐ This Application is REJECTED (Please tick) for the following reason(s):

| Bank | Branch | A/C No. to be Debited |
|------|--------|-----------------------|
|      |        |                       |

- ☐ Signature/Thumbprint# differs from Financial Institution's records
- ☐ Signature/Thumbprint# incomplete/unclear
- ☐ Account operated by Signature/Thumbprint#
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Others \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Please sign here

Approving Officer's Signature

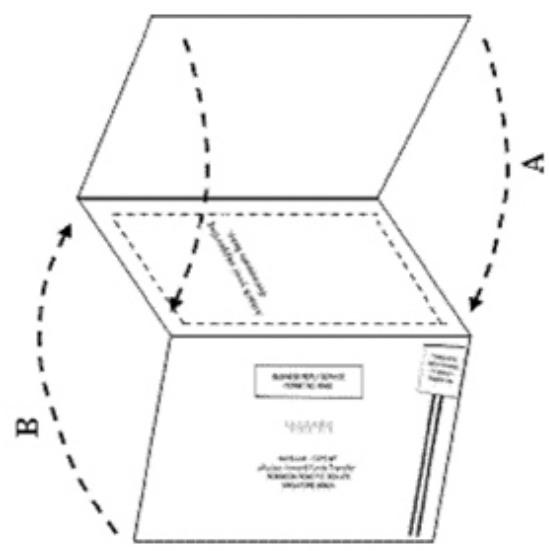
# Please delete where not applicable

Please seal here

Attach your supporting documents  
here.

**Remember to:**

1. Sign on your Inward Funds Transfer Application forms.
2. Ensure all supporting documents are attached in the space provided.

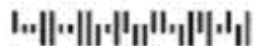


Fold Panel **A** in first, followed by Panel **B**.

Seal the form using glue or sticky tape, remembering to leave the Business Reply Envelope exposed.

Please seal here

**BUSINESS REPLY SERVICE  
PERMIT NO. 00452**



**MAYBANK – CAPS KOVAN**  
Inward Funds Transfer  
ROBINSON ROAD  
P.O. BOX 479  
SINGAPORE 900928

Postage will be  
paid by Addressee.  
For posting in  
Singapore only.

