



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: 27/04/2026**

(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	Bank	Branch	A/C No. to be Debited
7302	001	04011022973			

MBB's Reference
PAYMENT

PART 3: For Official Use By Receiving Bank

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

Bank	Branch	Maybank A/C No.
Maybank Customer Reference:		

- 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

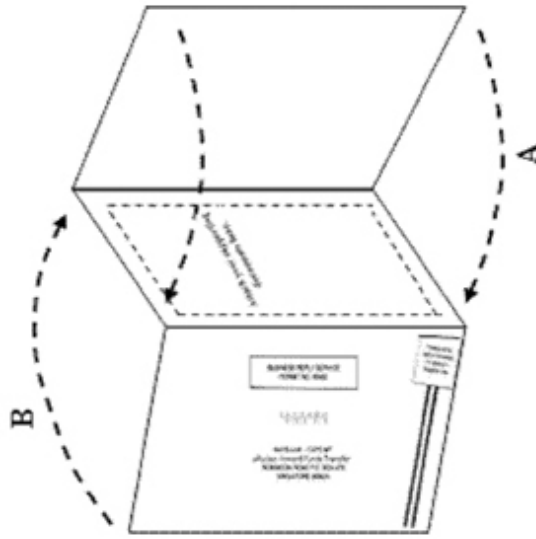
Approving Officer's Signature

Please delete where not applicable

Please seal here

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

Attach your supporting documents 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.

