



# 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: 18/06/2025**

**(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: \_\_\_\_\_

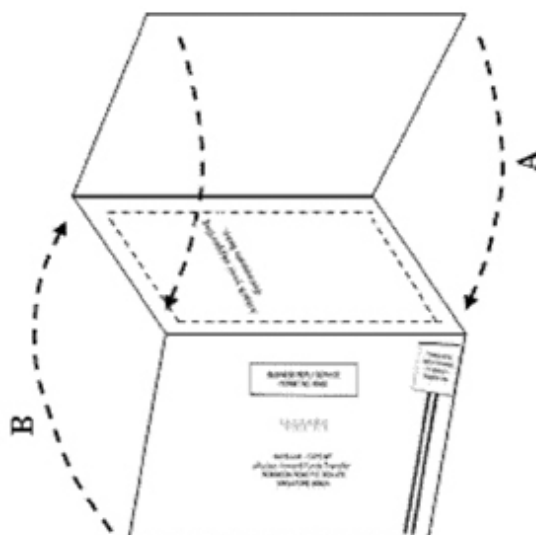
☐ Please sign here

Approving Officer's Signature

# Please delete where not applicable

**Remember to:**

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

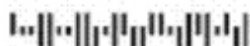


Fold Panel A in first, followed by Panel B.

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.

