

PART 1 : FOR APPLICANT'S COMPLETION

Date :

Name of Company :

UEN/NRIC No:
(Compulsory)

To : Name of Bank

Mailing Address :

Branch & Address :

- (a) I/We hereby consent to Bank's disclosure of customer information relating to me/us as requested for in this document.
- (b) I/We hereby instruct you to process BCA 's instructions to debit my/our account.
- (c) You are entitled to reject the BCA'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.
- (d) 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 own written revocation through BCA.

My/Our Bank Account Name(s) :

My/Our Contact (Tel/Fax) Number (s) :

My/Our Bank Account Number :												
Bank			Branch			Account No						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My/Our Company Stamp/Signature(s)/Thumbprint(s)* :

(As in Bank's records)

*For thumbprints, please go to the branch with your identification.

PART 2 : FOR BCA COMPLETION

Bank		Branch		BCA's Bank Account no.													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct Debit Authorisation (DDA) Number

Bank		Branch		Account No. To Be Debited												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 3 : FOR BANK'S COMPLETION

To : Building and Construction Authority
5 Maxwell Road #16-00
Tower Block MND Complex
Singapore 069110
Attention to : Finance Dept

This Application is hereby ACCEPTED/REJECTED (delete where appropriate). If rejected, (please ✓ for the following reason(s) :

- Signature/Thumbprint # differs
- Signature/Thumbprint # incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others : _____

Name of Approving Officer

Authorised Signature

Date

PART 4 : NOTIFICATION OF STATUS OF GIRO APPLICATION (TO BE COMPLETED BY BCA)

Date : _____

The above giro application has been :

- Accepted - Please take note of Giro Direct Debit Authorisation(DDA) Number indicated in Part 2 above.
- Rejected - Please refer to the reason(s) of rejection indicated in Part 3 above. Please fill in a new application form (attached) to apply for Giro payment again.