55 Newton Road #12-01
Revenue House
Singapore 307987
Website: http://www.sla.gov.sg

SLA
SINGAPORE LAND AUTHORITY

Application Form For Interbank Giro

This form may take you 5 minutes to fill in.
You will need the following information to fill in the form:
• Customer's Name • Name of Bank and Bank Account No. • Authorised Signatures

Part 1: To be completed by applicant

Date: _____

Name of Billing Organisation : Singapore Land Authority

Name of Bank: _____

SLA's Customer Name: _____

Branch: _____

SLA's Customer's Reference Number: _____

(a) I/We hereby instruct you to process the SLA's instructions to debit my/our account.
(b) You are entitled to reject the SLA'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 the SLA.

My/Our Company's Name(s) As In Bank Account: _____

My/Our Contact Number(s): _____

My/Our Company Bank Account No: _____

Authorised Stamp/Signatures(s)/Thumbprint(s)*: _____
(As in Bank's records)
*For thumbprints, please go to the branch with your identification.

PLEASE COMPLETE PART 1 OF THE FORM AND RETURN TO SLA. PLEASE DO NOT FAX THE COMPLETED FROM TO US.

Part 2: To be completed by Singapore Land Authority

Bank				Branch			SLA's Account No										
7	1	7	1	0	0	1	0	0	1	9	0	0	1	4	9	8	

SLA's Customer Ref No											

Bank				Branch			Account No. To Be Debited										

Part 3 : To be completed by Bank

To: Singapore Land Authority

This Application has been REJECTED (please tick) for the following reason(s):

Signature/thumbprint differs from bank's records
Signature/thumbprint incomplete/unclear
Account operated by signature/thumbprint
Wrong account number
Amendments not countersigned by customer
Others: _____

_____ Name of Authorising Officer
_____ Authorised Signature
_____ Date