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APPLICATION FORM FOR INTER-BANK GIRO APPLICATION (This form may take about 3 minutes to complete.)

GIRO/IBG FORM

PART 1: For Applicant's Completion

Notes: **Please read "INFORMATION ON APPLICATION FOR INTER-BANK GIRO" overleaf.**
Please complete all required details (marked ➡) and post the original form to CPF Board directly.
Please do not fax the form to us as the bank requires the original signature(s) for verification.
Amendments made on the form must be countersigned by bank account holder(s) as in the Bank's records, use of correction fluid / tape is not allowed.

➡ Date :	Name of Billing Organisation (BO) : **Central Provident Fund Board**
➡ To : Name of Bank & Branch :	➡ Name of Company/Employer/Member :

➡ **Type(s) of payments (Please ☑ where applicable)**

For business/company/registered entity

Unique Entity Number (UEN):

☐ 1. CPF contribution for employee(s)

☐ 2. **Business** Foreign Worker Levy

UEN is the standard identification number of an entity. For more information on UEN, please visit www.uen.gov.sg.

CPF Payment Code^: ___ - __

For individual trading under own name
(e.g. architect/engineer or individual hiring local personal driver/gardener)

NRIC/FIN:

☐ 3. CPF contribution for employee(s)

☐ 4. **Business** Foreign Worker Levy

CPF Payment Code^: ___ - __

☐ 5. **Domestic** Foreign Worker Levy — **NRIC/FIN:**

☐ 6. Medisave and/or Voluntary Contributions for **self-employed** person — **NRIC:** S E

☐ 7. Voluntary Contributions for **non** self-employed person — **NRIC:** V C

^ CPF Payment Code identifies the different types of payments (e.g. Mandatory/Voluntary CPF Contributions, Additional Medisave Contribution Scheme, etc) made by you to the Board. You may email us at employer-accounts@cpf.gov.sg for queries on CPF Payment Code.

(a) I/We hereby instruct you to process the Billing Organisation's (BO's) instructions to debit my/our account.

(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient fund 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 BO.

➡ Name of Bank Account Holder(s) :	➡ My/Our Company Stamp/Signature(s)/Thumbprint(s)* :
➡ My/Our Bank Account Number :	
➡ My/Our Contact Number(s)/E-mail address :	Original Signature(s)/Thumbprint(s) as in Bank's records. *For thumbprint(s), please go to the branch with your identification.

PART 2: For CPF Board's Completion

Bank	Branch	CPF Board's Account No.
7 3 3 9	5 0 1	6 0 0 0 0 1 0 0 1

Bank	Branch	Account No. To Be Debited

PART 3: For Bank's Completion

This application is hereby REJECTED (please ☑) 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 applicant

☐ Others : _____

Please delete where inapplicable.

Name of Bank Officer | Authorised Signature and Stamp of Bank | Date

Revised in December 2008

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