



# Raffles Institution

**Part 1 : For Applicant's Completion (Fill in the spaces indicated with # )**

\*\*\*\* No correction fluid allowed. All amendments have to be counter-signed by the account holder.

Name of Billing Organisation "BO" :

**RAFFLES INSTITUTION (YEAR 5 - 6)**

**To: Name of Bank**

# \_\_\_\_\_

**Student's Name As In NRIC**

# \_\_\_\_\_

**Branch:**

# \_\_\_\_\_

**Student's NRIC No / FIN No**

# \_\_\_\_\_

- (a) I/We hereby instruct you to process the 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 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 BO.

**My/Our Name(s) (Account Holder's Name)**

# \_\_\_\_\_

**My/Our Contact (Tel/Fax) Number(s)/E-mail address:**

# \_\_\_\_\_

**My/Our Account Number:**

# \_\_\_\_\_

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

# \_\_\_\_\_

(As in Financial Institution's records)

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

**Part 2 : For Billing Organisation's Completion**

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 0 6	0 0 6 0 0 9 0 0 5 2

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. to be Debited

**Part 3 : For Financial Institution's Completion**

To : Raffles Institution (Year 5 - 6)

One Raffles Institution Lane

Singapore 575954

Tel: 6419 9888 Fax: 6419 9898

**This Application is hereby REJECTED (please tick) for the following reason(s):**

- Signature/Thumbprint\* differs from Financial Institution'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 Approving Officer

\_\_\_\_\_  
Authorised Signature and Stamp of Financial Institution

\_\_\_\_\_  
Date