



# NATIONAL TRADES UNION CONGRESS

NTUC Members' Hub  
NTUC Centre, 1 Marina Boulevard  
Level 10, One Marina Boulevard, Singapore 018989

NTUC Membership Hotline: 6213 8008  
Website: www.ntucmembership.sg

## UNION MEMBERSHIP – APPLICATION FORM FOR INTERBANK GIRO

Form "A"

| PART 1: FOR MEMBER'S COMPLETION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Billing Organisation ("BO")<br><b>NTUC-UMS</b> |
| To (Name of Bank)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Member's Name                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Member's Union                                         |
| Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Member's (NRIC/FIN) No.                                |
| <b>AUTHORISATION TO BANK</b><br>(a) I / We hereby instruct you to process the BO's instructions to debit my / our account.<br>(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.<br>(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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My / Our Contact (Tel/Fax) No(s).                      |
| My / Our NRIC / FIN No. (Account Holder)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | My Signature(s) / Thumbprint(s) * (Account Holder)     |
| My / Our Account No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |
| *(As in Bank's records) For all banks other than POSB/DBS thumbprints should be affixed in the presence of the bank officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |

### FOR OFFICIAL USE ONLY

| PART 2: FOR BILLING ORGANISATION'S COMPLETION |   |        |   |                                            |   |   |   |   |   |   |   |   |   |   |   |                                               |  |
|-----------------------------------------------|---|--------|---|--------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|-----------------------------------------------|--|
| Bank                                          |   | Branch |   | Billing Account Organization's Account No. |   |   |   |   |   |   |   |   |   |   |   | Billing Organisation's Member's Reference No. |  |
| 7                                             | 1 | 7      | 1 | 0                                          | 0 | 1 | 0 | 0 | 1 | 0 | 6 | 4 | 8 | 1 | 1 |                                               |  |
| Bank                                          |   | Branch |   | Account No. To Be Debited                  |   |   |   |   |   |   |   |   |   |   |   |                                               |  |
|                                               |   |        |   |                                            |   |   |   |   |   |   |   |   |   |   |   |                                               |  |

| PART 3: FOR BANK'S COMPLETION                                                                                                            |                                                                                                        |      |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|
| To:                                                                                                                                      | NTUC-UMS<br>NTUC Members' Hub<br>1 Marina Boulevard<br>#B1-01 One Marina Boulevard<br>Singapore 018989 |      |
| This Application is hereby <b>REJECTED</b> for the following reason(s): (please tick)                                                    |                                                                                                        |      |
| <input type="checkbox"/> Signature / Thumbprint# differs from Bank's records <input type="checkbox"/> Wrong account number               |                                                                                                        |      |
| <input type="checkbox"/> Signature / Thumbprint# incomplete / unclear# <input type="checkbox"/> Amendments not countersigned by customer |                                                                                                        |      |
| <input type="checkbox"/> Account operated by signature / thumbprint# <input type="checkbox"/> Others: _____                              |                                                                                                        |      |
| Name of Approving Officer                                                                                                                | Authorised Signature                                                                                   | Date |

For thumbprint, please go to the branch with your identification

\* Please delete if not applicable