



# SUPREME COURT

## APPLICATION FOR INTERBANK GIRO DIRECT DEBIT AUTHORISATION FOR PAYMENT OF COURT/HEARING FEES

Please complete Part 1 and return the form to: Registrar, Supreme Court, St Andrew's Road, Singapore 178957

### PART 1: APPLICANT'S PORTION

Date									
		/			/				

To: Name of Bank

Name of Billing Organisation
REGISTRAR, SUPREME COURT

Branch

Supreme Court Customer's Name

Supreme Court Customer's Address

Law Firm Code

- (a) I/We hereby instruct you to process the debit instruction by Registrar, Supreme Court to debit my/our account.
- (b) You are entitled to reject the debit instruction of Registrar, Supreme Court, if my/our account does not have sufficient funds and charge me/us a fee for the 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 Registrar, Supreme Court.

My/Our Name(s) as in Bank Account

My/Our Contact Numbers	
Tel:	Fax:
Email:	

Bank	Branch	My/Our Bank Account No.

**PLEASE REMEMBER TO SIGN HERE** ▶

Company Stamp/Signature(s)* (As in Bank's Records)	Date
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### PART 2: TO BE COMPLETED BY BILLING ORGANISATION

Bank	Branch	Supreme Court A/C No.
7 3 7 5	0 4 6	3 0 2 3 1 1 9 8 7 9

Supreme Court Customer's Reference Number

Bank	Branch	Bank A/C No. To Be Debited

### PART 3: TO BE COMPLETED BY BANK

To: Registrar, Supreme Court  
St. Andrew's Road  
Singapore 178957

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

- |  |   |
|--|---|
| <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 Approval Officer	Authorised Signature	Date
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\*For thumbprints, please go to your respective bank branches for identification. #Please delete where appropriate.