

## **GIRO** form

## Important note

- Please provide relationship if account holder is different from policy owner and submit the account holder's identification together with the application.
- Please countersign any amendments. Use of correction fluid/tape is not allowed.

  Kindly fill in all the fields and send it back to FWD Singapore Pte. Ltd. Incomplete forms may not be processed.

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Part 1: To be completed by	applicant			
A. Policy details				
Name of policy owner		NRIC/FIN number of policy owner		
Policy number		Mobile number		
B. Account details and authorisation		N. C. I		
Bank account holder's name		Name of bank		
Bank account number				
If account holder is not the policy owner:				
NRIC/FIN number of account holder		Relationship to policy owner		
) This authorisation will remain in fo (i) The bank sends a written notic (iii) The bank receives an expiry notic ignature/thumbprint of account	rce until se to my last-known address; otice from FWD Singapore Pte. Ltd. nolder as in the bank's records s branch with your identification docume	cents,  Cii)  The bank receives my w  Date (dd/mm/yyyy)		
Part 2: To be completed by billi	ng organisation			
SWIFT BIC	FWD's Bank Account No	SWIFT BIC	FWD's Bank Account No	
DBSSSGSGXXX	003-938249-9	DBSSSGSGXXX	003-958220-0	
DBSSSGSGXXX	003-938250-2			
Part 3: To be completed by	the bank			
o: FWD Singapore Pte. Ltd.				
The application is hereby REJECT  Signature/thumbprint# differs  Signature/thumbprint# incomp  Account operated by signature Please delete where inapplicable authorised signature	plete/unclear#	on(s)  Wrong account number  Amendments not countersigned  Others:	·	
Name of approv		oving officer	Date (dd/mm/yyyy)	
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