

HOW INTER-BANK GIRO (IBG) WORKS

You can pay your Town Council Service and Conservancy Charges, including the related Goods and Services Tax and late payment penalty, where applicable, through Inter-Bank GIRO if you maintain a savings/current account with any of the IBG participating banks. With IBG, you free yourself from queues, writing and posting cheques, penalty payment and most importantly - the embarrassment of forgetting to pay your bills. No administrative charge and other hassle. So apply now and stay ahead.

ALL YOU HAVE TO DO:

1. Fill in the Inter-Bank GIRO Form. This form will instruct your bank to make automatic deductions from your savings/current account to settle your Town Council's monthly charges.
2. Fold and mail the completed form.
3. Maintain sufficient funds in your savings/current account to cover the full payment.

GENERAL INFORMATION

1. You will be informed of the commencement date for the deduction once your bank has approved the application. Meanwhile, please continue to pay your monthly charges by cash, cheque, internet banking or at any AXS/SAM Kiosks located islandwide.
2. Please inform your Town Council and your bank if you wish to terminate or change your IBG service.
3. Any queries regarding the charges deducted should be directed to West Coast Town Council at:
Tel: 6776 0271 Email : wctccl@wctc.org.sg (Clementi Office)
Tel: 6896 4890 Email : wctcbl@wctc.org.sg (Boon Lay Office)

Inter-Bank

SERVICE AND CONSERVANCY CHARGES



Postage will be paid by Addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 07200**



WEST COAST TOWN COUNCIL
BLK 441A CLEMENTI AVENUE 3 #02-01
SINGAPORE 121441

APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in the fields indicated with √. Incomplete forms may not be processed.)

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|
| Date: √ _____ To: Name of Financial Institution/Bank: √ _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="10" style="text-align: center;">Town Council Reference Number</td> </tr> <tr> <td style="text-align: center;">C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | Town Council Reference Number | | | | | | | | | | C | | | | | | | | | | Name of Billing Organisation ("BO"): √ WEST COAST TOWN COUNCIL Name of Registered Tenant/Lessee: √ _____ Property Address: √ _____ _____ |
| Town Council Reference Number | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | |

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) The Bank is 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. The Bank may also at its 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
- (i) the Bank's written notice sent to my/our address last known to the Bank; or
 - (ii) upon the Bank's receipt of my/our written revocation.

By signing and submitting this form, I agree that West Coast Town Council (the "Town Council") may collect, use and disclose all personal data contained herein (or otherwise collected from us or our authorized representatives) in accordance with the Personal Data Protection Policy of the Town Council, accessible at <http://www.wctc.org.sg>.

| | |
|---|--|
| My/Our Name(s) (as in Bank Account): √ _____ My/Our Bank Account Number: √ _____ | My/Our Contact (Tel/Fax) Number(s): √ _____ My/ Our Company Stamp/Signature(s)/Thumbprint(s)*: √ _____ (As in Financial Institution's records) |
|---|--|

PART 2: FOR BILLING ORGANISATION'S COMPLETION

| | | |
|--------------------|------------------------------------|-------------------------------|
| SWIFT BIC | Billing Organisation's Account No. | Town Council Reference Number |
| UOVBSGSGXXX | 9 2 9 3 4 3 1 3 4 1 | C |

| | |
|-----------|---------------------------|
| SWIFT BIC | Account No. To Be Debited |
| | |

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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 Thumbprints, please go to the branch with your identification.

Please delete where inapplicable.