

Federal Express (Singapore) Pte Ltd (Co. Reg. No. 198402740W) 31, Kaki Bukit Road 3 #04-18/19 Techlink

Singapore 417818 Tel: 1800.743.2626

GIRO APPLICATION FORM

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

PLEASE RETURN ORIGINAL COPY TO FEDERAL EXPRESS (SINGAPORE) PTE LTD

| Date (DD-MMM-YYYY): | | | | Name of Billing Organisation ("BO") |
|--|--|---|--|---|
| | | | | Federal Express (Singapore) Pte Ltd |
| To: My/Our Bank ("Bank Name") | | | | Billing Organisation's Customer Name: |
| | | | | |
| | | | | |
| | | | | FedEx Customer Account No (Please fill in the last 4 digits only) |
| (a) | I/We hereby instruct the E | Bank to process the B0 | O's instruct | ions to debit my/our account. |
| (b) The Bank is entitled to reject the BO's debit instruction if n me/us a fee for this. The Bank may also at its discretion account and impose charges accordingly. | | | ny/our account does not have sufficient funds and charge | |
| (c) This authorisation will remain in force until | | | | |
| (i) the Bank's written notice sent to my/our address last known to the Bank; | | | | |
| | | receipt of my/our writt receipt of the notice of | | |
| | (III) upon the banks | receipt of the notice of | и ехриу ис | in the BO. |
| My/Our Name (s) as per Bank's Records | | | | My/Our Contact (Tel) Number(s): |
| | | | | |
| | | | | My Email Address: |
| | | | | Wy Email Address. |
| SWIFT BIC Full Bank Account No. | | | _ | |
| SWIFT BIC Full Bank Account No. | | | 0. | My/Our Company Stamp/Signature(s)/Thumbprint(s)*: |
| | | | | |
| | | | | |
| | | | | |
| | | | | (As in Financial Institution's records) |
| | | | | |
| | PAR | Γ 2: FOR BILLING OF | RGANISAT | ION'S COMPLETION |
| SWIFT BIC FedEx Bank Account No. | | | | |
| | | | | |
| SWIFT BIC Account No. To Be Debited | | | | |
| SWIFT BIC ACCOUNT NO. TO Be Debited | | | | |
| | | <u> </u> | | |
| Applic | cant's Reference No. | | | |
| | | | | Verified and Sign By FedEx/Date/Company Stamp |
| | | | | |
| | PART 3: FOR FIN | ANCIAL INSTITUTIO | N'S COM | PLETION To: BILLING ORGANISATION |
| This Application is hereby REJECTED (Please tick √) for the following reason (s): | | | | |
| | Signature/Thumhnrint# differe | from Financial | ` 🗆 | Wrong Account Number |
| | ☐ Signature/Thumbprint [#] differs from Financial Institution's records | | | Thong / toodant radingol |
| | Signature/thumbprint# incomp | | | Amendments not countersigned by customer |
| □ д | account operated by signature | e/thumbprint# | | Others |
| | | | | |
| | Name of Approving Officer | Aut | thorised Si | gnature Date |

* For thumbprints, please go to the branch with your identification. ** Please delete where inapplicable.