

TOP PARKING PTE LTD

152 Paya Lebar Road #05-02 Citipoint@PayaLebar, Singapore 409020 Tel: 6295 3113 (4 Lines) Fax : 6296 5150 Co.Reg. No. 198302175Z BO's Customer Reference No :

APPLICATION FORM FOR INTERBANK GIRO

Part 1	: To b	e com	pleted	by Ap	plicant	t. Plea	se retu	ırn ori	iginal f	orm to	Top P	arking	Pte Lt	d						
Date	Date :										Name of Billing Organisation (BO) TOP PARKING PTE LTD									
To: N	ame of	Bank	:							1	Name & Address of Top Parking's Customer:									
Brand	ch:									1										
Car Park Name : Ve								Vehicle No :				Email :								
ourr								Venic			Lindii .									
(a) (b) (c)	 b) You are entitled to reject Top Parking'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. c) This authorisaton 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 own written revocation through Top Parking Pte Ltd. 																			
Name	Name in Bank Account:										Contact Number F					Fax Nu	umber:			
										-									1.17.54	
Αссοι	int Nun	Number: Company Stamp & Signature(s)/									ture(s)/I	lhumbp	rint(s)*:							
Part 2	(As in bank's rec													ecords))					
																	7		Top Parking Bill Account No(s) Verified By:	
	Bank Co			Branch C			_		T I	T	1		Acco				-			
7	3	7	5	0	4	6	5	0	1	3	1	4	3	1	0	3				
																		-	Top Parking Staff's Signature/ Date/ Stamp	
	B: For					Dood #	05 02 0	itinaint	@Davial	ahar C	Ingonor	- 40002	0							
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	-				olete/unc												d by cust	omer		
	Accour	t operat	ted by S	ignature	/Thumbp	print #							Others							
Name of Approving Officer								Authorised Signature										[Date	
Name	Name of Bank																			

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