

INTERBANK GIRO APPLICATION FORM

(Only for payment of work pass administrative fees)

To avoid being rejected by your Bank, please take note of the following when filling in this form:

- Complete all fields in Part 1. Incomplete forms will not be processed.
- Ensure the details (e.g. Signature(s), Name of Bank Account, Bank Account Number) are correct.
- Do not use correction fluid or tape. The Bank Account Holder must sign next to any changes made.

Mail the original completed form to: Admin Fee & E-Payment Management, Work Pass Division, Ministry of Manpower, 18 Havelock Road, Singapore 059764.

We will inform you of the GIRO application outcome by post in 4 weeks' time. But it may take longer if your Bank needs more time to process the application.

PART 1: FOR APPLICANT'S COMPLETION (Complete all fields marked with •)

- Please tick ✓ the account(s) you wish to apply for GIRO and indicate your Entity's number in the corresponding column.

For business employers <input type="checkbox"/> EP eService Unique Entity No.: _____ <input type="checkbox"/> WP Online CPF Submission No.: _____	For employment agencies <input type="checkbox"/> EP eService Unique Entity No.: _____ <input type="checkbox"/> WP Online / Work permit transactions for domestic helpers and confinement nannies eService EA Licence No.: _____
Name of Entity: _____	
Contact Person: _____	
Mobile No.: _____	Email Address: _____
Name of Billing Organisation: Ministry of Manpower (MOM), Work Pass Division/AG	

- (a) I/We hereby instruct the Bank to process MOM's instruction to debit my/our account.
 (b) The Bank is entitled to reject MOM'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 terminated by the Bank's written notice sent to my/our address last known to the Bank or upon the Bank's receipt of my/our revocation through MOM.

• Name of Bank: _____ • Name of Account as shown on your Entity's Bank statement: _____ • My/Our Bank Account No.: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Bank</th> <th style="width: 10%;">Branch</th> <th style="width: 80%;">Account No. to be debited</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bank	Branch	Account No. to be debited							• My/Our Signature(s)/Thumbprint as in Bank's records: _____ • Date: _____
Bank	Branch	Account No. to be debited								

For official use

PART 2: FOR MOM'S COMPLETION

SWIFT BIC	MOM's Account No.	WP Online Customer Reference No.
DBSSSGSGXX	0 0 3 9 0 2 2 1 0 7	
		EP eService Customer Reference No.
		Domestic Helpers eService Customer Reference No.

PART 3: FOR BANK'S COMPLETION

To: MOM	
This application is rejected (please tick ✓) due to the following reason(s):	
<input type="checkbox"/> Signature/Thumbprint differs from Bank's records <input type="checkbox"/> Wrong account number/name# <input type="checkbox"/> Signature/Thumbprint is incomplete/unclear#	<input type="checkbox"/> Amendment not signed by Bank Account Holder <input type="checkbox"/> Others: _____
#Please strike off accordingly.	