

# APPLICATION FORM FOR INTER-BANK GIRO FOR NURSES AND MIDWIVES PRACTISING CERTIFICATE FEE

Please complete **Part I** and send the form to Singapore Nursing Board, 81 Kim Keat Road, #08-00, Singapore 328836

## Part I : For Nurse's Completion

To: Name of Bank \_\_\_\_\_ Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Name of Bank Account Holder

Nurse's Ref No. (S'pore NRIC No OR SNB Reg No.)							
S/F/G/X							

My/Our Bank Account No.

Name of Nurse

- (a) I/We hereby instruct you to process the SNB's instructions to debit my/our account.
- (b) You are entitled to reject the SNB'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 authorisation 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 written revocation through the SNB.

My/Our Contact No: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
My/Our Signature(s)/Clinic Stamp/Thumb Print(s)  
(As in Bank's Records)

## Part II : For Singapore Nursing Board's Completion

Bank		Branch		SNB's Bank A/C No												
7	1	7	1	0	9	8	0	9	8	0	0	2	7	3	8	6

Bank	Branch	A/C No. to be debited

Nurse's Ref No. (SNB Reg No)							
S/F/G/X							

## Part III : For Bank's Completion

To: Singapore Nursing Board, 81 Kim Keat Road, #08-00, Singapore 328836.

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

- Signature/Thumbprint\* differs from Bank's records
- Signature/Thumbprint\* incomplete/unclear
- Account operated by signature/thumbprint\*
- Wrong account number
- Amendments not countersigned by customer
- Others: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature & Name of  
Approving Officer

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Date

\* For thumbprint, please go to the branch with your identification.