

# APPLICATION FOR INTERBANK GIRO



Please return original form to Aviva.

## For Applicant's Completion

Date (dd/mm/yyyy) :

Name of Billing Organisation ("BO") : **Aviva Ltd**

To: Name of Bank

Branch



Policy Number(s)*:	Name of Policyowner(s):	NRIC Number(s):

\* Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only

- a) I/We hereby instruct you to process Aviva's instruction to debit my/our account.
- b) You are entitled to reject Aviva'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 Aviva.
- d) The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant.

My/Our Bank Account Name(s) : Mr/Mdm/Ms/Dr

My/Our NRIC Number(s):



My/Our Bank Account Number:

My/Our Contact Number (Home/Handphone):



My/Our Signature(s)/Thumbprint(s)^ (as in Bank's Record):

My/Our Residential Address :



^ If your account is operated by thumbprint, your thumbprint needs to be witnessed and verified by the bank's staff.

## For Aviva's Completion

Bank      Branch      Aviva's Bank Account Number      (  )  
**7 1 7 1      0 2 7      0 2 7 0 0 0 7 5 9 7**     

Aviva's Customer Reference No. (s):

Bank      Branch      Aviva's Bank Account Number        
**7 1 7 1      0 0 3      0 0 3 9 0 0 1 8 8 6**     

Aviva's Customer Reference No. (s):

Bank      Branch      Account Number to be Debited  
           

## For Bank's Completion

To : **Aviva Ltd**

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

Signature/Thumbprint# differs/irregular# from bank's records

Wrong account number

Signature/Thumbprint# is incomplete/unclear#

Amendments not countersigned by customer

Account operated by Signature/Thumbprint#

Others: \_\_\_\_\_

Name of Approving Officer:

Authorised Signature:

Date:




# please delete where applicable

## **Application for Premium Payment by GIRO**

- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification.
- It would take 1 to 3 weeks for your bank to approve your application herein.
- For DBS/ POSB accountholders, you can avoid the hassle of completing the **INTERBANK GIRO FORM** by applying for GIRO via iBanking.

Go to ibanking and select:

*Payment → GIRO: Manage GIRO Arrangements → Add GIRO Arrangement → Select **Aviva Ltd\_Life 1** (for life products) or **Aviva IND HEALTH INS** (for Health Products: MyShield Plus, IdealMedical or Global Health) as Billing Organisation.*

- When your GIRO application has been approved, we will inform you of the commencement date of the premium deduction in writing. Before you receive our notification, please continue to pay your premium in the usual manner.
- If the deduction date falls on weekend or Public Holiday, the deduction shall take place on the next working day.
- Please note that for every unsuccessful debit due to insufficient fund, your bank may impose a service charge.
- For termination of GIRO arrangement, please inform Aviva in writing, three (3) weeks before the premium becomes due.
- For assistance, please contact our Customer Service Executives on hotline number (65) 6827 7788. Our Operating hours are from 8.45 a.m. to 5.30 p.m., Mondays to Fridays, excluding Public Holidays