

STANDING CLAIM INSTRUCTION (Interbank GIRO Form)

Part 1: For Applicant's completion

Funds transferred from

Debiting Bank	Donor's bank
My/Our account name	Donor's name as per a/c
My/Our account no.	Donor's bank a/c no.
Reference number (if any)	(Leave blank for Cru)
Payment limit (if any)	Max limit as allowed by donor

Effective Date:

(Leave blank)

DD MM YY

Funds transferred to

Bank	Citibank Singapore Limited "Citibank"
Customer's name	Cru Asia Limited
Citibank account no.	0012652011

Payment type

Transfer amount (S\$)	
Frequency of payment	<input type="checkbox"/> Fortnightly ___ & ___ day of the month <input checked="" type="checkbox"/> Monthly 1st day of the month <input type="checkbox"/> Quarterly ___ day of ___, ___, ___ & ___ <input type="checkbox"/> Semi-annually ___ day of ___ & ___ <input type="checkbox"/> Annually ___ day of ___
Expiry date (if any)	

To the Debiting Bank:

- (a) I/We hereby instruct the Debiting Bank to process "Citibank's" instructions to debit my/our account.
- (b) The Debiting Bank is entitled to reject "Citibank's" debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Debiting 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
- the Debiting Bank's written notice sent to my/our address last known to the Debiting Bank;
 - upon the Debiting Bank's receipt of my/our written revocation; or
 - upon the Debiting Bank's receipt of the notice of expiry from "Citibank".

Donor's signature/thumbprint as per bank record

Date of donor's signature

My/Our Company Stamp/Signature(s)/Thumbprint(s)*
(As per debiting bank's records)

Date

To Citibank:

In consideration of you, "Citibank," acting upon the above instructions I/we hereby agree that I/we will not hold you responsible for any delay or omission howsoever arising on the part of yourselves or employees in crediting my/our above named account with any funds received by you pursuant to or by reason of any claim made by you as requested herein. I/We further agree to pay your fees (at such rate as may be described by you from time to time) for the services herein specified and authorise you to debit such fees from my/our said account.

(Leave blank, to be signed by Cru)

(Leave blank)

Signature(s) of Applicant (As per Citibank's records)

Date

Part 2: For Citibank Singapore Limited's completion

SWIFT BIC	Citibank account no.
CITISGSLXXX	(For citibank's official use)
SWIFT BIC	Account no. to be debited
	(For citibank's official use)

Customer reference no.
(For citibank's official use)

(Leave blank)

(Leave blank)

Signature verified by/Date

Approved by/Date

Part 3: For Debiting Bank's completion

To: Citibank Singapore Limited

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number |
| <input type="checkbox"/> Signature/thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others |

(Leave blank)

(Leave blank)

(Leave blank)

Name of approving officer

Authorised signature

Date

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